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ABSTRACT

Extensive guidelines for the development of a comprehensive school-based health clinic at the middle, junior, or senior high school levels are presented. School-based clinics usually provide the primary health care services needed by adolescents: health maintenance examinations and assessments; diagnosis and treatment of acute and chronic illnesses; first aid; laboratory tests; screening for sexually-transmitted diseases; immunizations; gynecological exams; family planning counseling and related services; and sports physicals, to name a few. Thirteen chapters provide information on program initiation, planning, definition of goals, information gathering, site selection, building community support, media relations, gaining school approval, clinic design, funding, budget preparation, staff selection, clinic evaluation, building positive relationships in the school and maintaining community support. Appendices include an extensive bibliography, an adolescent health fact sheet, a list of potential services, and samples of a parent survey, a consent form, job descriptions, and a school-health care provider contract. (LMI)

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SCHOOL-BASED HEALTH CLINICS:

A GUIDE TO IMPLEMENTING PROGRAMS

by
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with Contributions from
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October 1986

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The Center For Population Options (CPO) works to enhance opportunities for young people in key decision-making areas of their lives: continuing their education, planning their families, obtaining needed health and social services and attaining productive employment.

CPO's special emphasis is on the interconnections between family formation and other "life actions." In that regard, CPO:

- Advocates access to accurate information and services concerning reproductive health and family planning options as a fundamental right of every person of childbearing age;
- Focuses on adolescents as a critical group to reach with such information, so they can make informed parenting and career decisions, thereby alleviating the profound negative social, health, economic and demographic implications of teenage pregnancy and child-bearing;
- Implements programs—most often with youth-serving partners—which assist young people to obtain health care, plan for jobs and families, and generally gain more direction over their lives; and
- Conducts policy and program research to find better ways and means to help adolescents make key decisions for their present and future.

The Support Center for School-Based Clinics, a project of the Center for Population Options, is a national resource for school-based clinics. It facilitates greater communication among clinic practitioners and helps both emerging and existing clinics develop and enhance their programs. The Support Center provides individual technical assistance, regional training, an annual conference, public policy analysis, publications, and a quarterly newsletter on program and policy developments.

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We are also tempted to list all of the two hundred and fifty participants of the 1985 conference on school-based clinics, which took place in Chicago, Illinois. Both at the conference and in their daily lives, current practitioners and those planning school-based clinics have shared not only their knowledge, but also their commitment to the cause of improving the lives of young people. It has been their commitment which inspired this guide.

The Center for Population Options would also like to thank the Ford Foundation and the William T. Grant Foundation for their funding of this project.

INTRODUCTION

This book is designed to help you develop a comprehensive school-based health clinic at a middle, junior or senior high school. School-based clinics usually provide the primary health care services needed by adolescents: health maintenance examinations and assessments, diagnosis and treatment of acute and chronic illnesses, first aid, laboratory tests, screening for sexually-transmitted diseases, immunizations, gynecological exams, family planning counseling and related services and sports physicals, to name a few. They can also provide nutrition education and weight reduction programs as well as drug and substance abuse counseling and counseling for depression or other personal problems. Some clinics also offer dental services, prenatal care, well-baby care and day care, and job counseling. The kinds of services these programs provide depend upon the particular needs and resources of the communities they are serving.

Their special location in the schools, coupled with their focus upon adolescents and the comprehensive services they offer them, enable school-based clinics to effectively help adolescents. School-based clinics have been popular with students and well-utilized by them. They provide programs based upon concern and respect for adolescents—a population all too often overlooked.

NEED FOR ADOLESCENT HEALTH CARE

Many people believe that adolescents have no health problems, and indeed, many adolescents are quite healthy. However, adolescents do have their share of physical problems. They encounter some of the same health problems as the general population, and also experience health-related conditions more likely to occur during this developmental stage than at any other time—conditions such as dysmenorrhea, growth disorders, depression and acne. Moreover, during adolescence, young people's relationships with family, friends of the same and opposite sex and other adults change. Adolescents often need help adjusting to these personal transitions.

Young people must also adjust to the external facts of their daily lives. Many young people today are growing up in a more complex environment than that of their parents. In the early 1980s the following were true:

- 23% of all American children under age 18 lived in a single parent household.[1]
- 22% of American children lived in families below the poverty line.[2]
- 25% of all students dropped out of high school before graduation.[3]
- 22% of all 16-19 year-olds who sought employment were unemployed.[4]

Moreover, physical and emotional changes, familial and social crises, increased expectations and economic concerns all impose tremendous pressures upon young people, pressures often compounded by adolescents' tendency to take risks. By abusing alcohol and drugs, by drinking, by driving too fast, by engaging in sexual activity, by becoming pregnant, and by over- or under-eating, young people expose themselves to health risks:

- Motor vehicle accidents are the most common cause of death among adolescents, while alcohol is the leading factor in fatal as well as non-fatal traffic accidents.[5]
- More than one million adolescents between the ages of 10 and 19 become pregnant each year, while 40% of all 14 year-old girls become pregnant before they turn 20.[6]
- A 1985 survey showed that 17% of all high school seniors had tried cocaine, a greater percentage than that recorded in any previous year.[7]

Although the relationship among these facts is open to debate and should encourage future research, no one denies that adolescent health is influenced by complex physical, emotional and social interactions. In some instances, adolescents require not only medical services to keep them healthy but also a variety of social services—a "network of support." And unfortunately, many young people are not receiving the kinds of care they need. Statistics from the first half of the 1980s show the following:

- 31% of children aged 6-16 had not visited a doctor during the last year.[8]
- 15% of adolescents aged 16-17 had no regular source of medical care.[9]
- Young people aged 11-20 had a lower rate of visits to physicians' offices than did any other age group, even though they have a higher incidence of acute conditions (sore throat, otitis media, etc.)[10]

- Of 2,500 elementary school students in the District of Columbia who were given complete medical examinations in late 1985, 65% needed to see a physician for treatment of ailments ranging from advanced tooth decay to high blood pressure. Given that adolescents are even less likely than elementary school children to seek and receive medical attention, this percentage may increase as these same children enter adolescence.[11]

National studies suggest that a majority of adolescents do have access to some form of health care; yet, such statistics do not demonstrate that adolescents actually use these services. Indeed, many adolescents only make use of available health care on an episodic basis. Many others rely solely on emergency room care.

Even though adolescents are now considered a group distinct from children, the services provided for them often seem insensitive to this distinction. Traditionally, adolescents have been sent to pediatricians, where they may become alienated by waiting rooms filled with babies and toddlers, physicians and nurses trained in pediatrics, and services geared to more dependent patients. In this setting, a teenager may not feel comfortable asking questions regarding sexual development and personal relationships. Often adolescents are reluctant to identify their concerns and really need more time for medical consultations than they are generally allotted. Some adolescent health practitioners suggest at least an hour as a reasonable amount of time for initial appointments.

Because they are older, because both parents work, or because they live in a single parent family, adolescents are also less likely to be accompanied to the physician's office by their parents, and thus they especially need accessible services—nearby, with convenient hours.

At one school-based clinic for teen-agers in a Kansas City, Missouri school, 63% of those using services said they would not have gone somewhere else for treatment. Without specialized programs, young people are not likely to aggressively pursue health care.[12]

Perhaps most importantly, nationwide statistics and averages camouflage the large numbers of adolescents who do not have access to even basic medical care: those who live in rural areas or inner cities, those who live in poverty, and those who are underinsured or without health insurance. Confronted with the complexity of health care institutions and the expense of health care, these adolescents go without. And if they refrain from seeking treatment for actual conditions, they are even less likely to utilize services for ongoing preventive care.

SCHOOL-BASED CLINICS

Agencies involved with adolescents have developed numerous programs which try to address adolescents' various needs. Among these programs, school-based clinics have emerged as an exciting and effective approach to the provision of health and social services. As the report from the Southern Regional Task Force on Infant Mortality simply explains, "The school-based clinics have successfully attracted students into an organized, on-going system of regular medical care."[13]

A unique advantage of school-based clinics is their location. On average, students spend more time per day in schools than they do at home, and thus, if a program wishes to reach adolescents, schools seem a natural location. In addition, because many adolescent health problems are caused by risk-taking behaviors, it makes sense to treat adolescents for these behaviors in the same place as they are educated about such risks—the schools.

School-based clinics are accessible to the students. At the same time, the students are also accessible to the clinics. Clinic staffs can follow-up on appointments, contact students who have missed appointments and integrate presentations on health issues into regular classes. Because of this accessibility, the clinics and their staffs become very familiar to students, and the students are more likely to visit them, even if their concerns seem minor.

Students are also more likely to use the clinics because they are especially designed for young people. The staff is usually trained in adolescent medicine, the clinic is decorated to appeal to adolescents' tastes and counselors are available to discuss those concerns most relevant to young people.

HISTORY OF SCHOOL-BASED SERVICES AND SCHOOL-BASED CLINICS

The history of school-based clinics is largely undocumented, but dates back to the origins of public education in 1840, when specialists debated whether or not to provide health services in the schools. The debate was partially resolved in the 1890s, when health programs were introduced into the schools in response to the large numbers of immigrant children, who, because of cramped and unsanitary living conditions, often came to school suffering from infectious diseases such as tuberculosis. Most of these early school health efforts concentrated on prevention. Mobile physician inspectors visited schools, focusing upon hygiene and occasional immunization provision.

School district physicians were eventually replaced by the more permanent presence of a school nurse. The role of these nurses varied from location to location: some nurses simply maintained school records, while others were empowered to assess and refer students to private service providers. Over the years, the presence of nurses in schools has become a standard feature within most school districts, demonstrating the degree to which educators have become dedicated to school health. As early as 1918, the National Education Association cited health as one of the seven cardinal principles of education.

In spite of this articulated commitment, the content of school health varied greatly from one location to another until the early 1930s, when policies regarding school health became somewhat standardized. Although in the past, direct treatment had been administered within the schools in various programs and isolated instances, in the 1930s, schools began to sponsor a more limited program of health screening and first aid, with referrals to private settings for actual treatment. At this time, Boards of Education, not traditional medical institutions, controlled school health services.

These parameters for school health remained in effect in most communities, but eventually there were indications that some students were not receiving the kind of care they most needed—treatment. Since the 1960s, efforts have been made to reach these young people. On a national level, federal funds, grants from the Robert Wood Johnson Foundation, and other monies have been allocated for school health services. Consequently, in a few cities, e.g., Cambridge, Mass.; Dallas, Tx; Galveston, Tx; Hartford, Conn.; Posen-Robbins, Ill.; and St. Paul, Minn., innovative health clinics were established in schools. These clinics provided direct treatment and a wide variety of health care services, but some of them did not include reproductive health services—an important area of health care for adolescents.[14]

In 1973, Dr. Laura Edwards and other members of the Maternal and Infant Care Project (MIC) of the St. Paul Ramsey Hospital opened a comprehensive school-based clinic in Mechanic Arts High School in St. Paul. That was the first school-based clinic to provide comprehensive services that included family planning. When that school closed, the clinic followed its students to two other schools, and the MIC project eventually opened clinics in an additional two schools.[15] In 1975, the Children and Youth Project of the University of Texas Health Science Center expanded the services of the West Dallas school-based clinic and included family planning services.

In 1977, the Robert Wood Johnson Foundation began a national school program to document the feasibility of providing primary health care in the school setting. During the following years, it funded the opening of clinics in four states. Moreover, some states, such as Pennsylvania, have recently implemented programs to upgrade school nurse positions to nurse practitioner positions so that schools can provide assessment services.

The number of school-based clinics providing comprehensive care grew gradually for several years. Even though staffs at the existing clinics shared their experience and documented their success in professional journals, school-based clinics were primarily grassroots programs, sprouting up independently in distinct communities.

However, the last few years have witnessed an increasing number of clinics appearing in junior and senior high schools around the country: from St. Paul to Houston, from rural Florida to New York City and San Francisco. As communities become more aware of adolescent health issues and more aware of the feasibility of school-based clinics, they become more dedicated to the school-based clinic concept.

GOALS OF SCHOOL-BASED CLINICS

School-based clinics (SBCs) seek to improve the overall physical and emotional health of adolescents and to provide young people with the reliable medical services to which they are entitled.

School-based clinics, in partnership with educational programs, can be a practical reinforcement of various principles outlined in the classroom. Through the provision of actual health care, clinics hope to teach adolescents how to use the health care system, how to respond appropriately to illnesses and other health problems, how to assess responsibly the nature of their relationships with families, friends and partners, and how to improve prenatal care and thus the health of babies born to adolescents.

In addition, EPSDT screening, physical exams and patient interviews detect early signs of chronic conditions and provide for early treatment of acute illnesses. In the clinic, practitioners can note signs of emotional stress or other behavioral difficulties.

This immediate impact upon the health of adolescents is supplemented by the education and counseling component of the clinics, which seeks to increase adolescents' knowledge of preventive health care, improve their decision-making capacity about that health care (and life in general) and perhaps reduce their tendency toward taking risks. In cooperation with their teachers and classes, the clinic staff helps to promote healthy behaviors.

School-based clinics may also enhance the quality of education in the classroom itself. If students are less distracted by health problems, then class time is more profitable. If comprehensive health care is just down the hall, then fewer classes or entire days will be missed for outside appointments. And, of course, if early treatment is provided, then additional missed days can probably be avoided. SBCs may also attract other youth-serving and social service agencies into the schools, broadening the base of community support for the school as well as the educational base of the schools. The establishment of school-based clinics help communicate to the students that their institutions recognize them as individuals with complex needs.

And finally, clinics facilitate and support positive relationships among students, their families, the schools and other community services. By strengthening these existing ties, clinics may improve the overall well-being of the students.

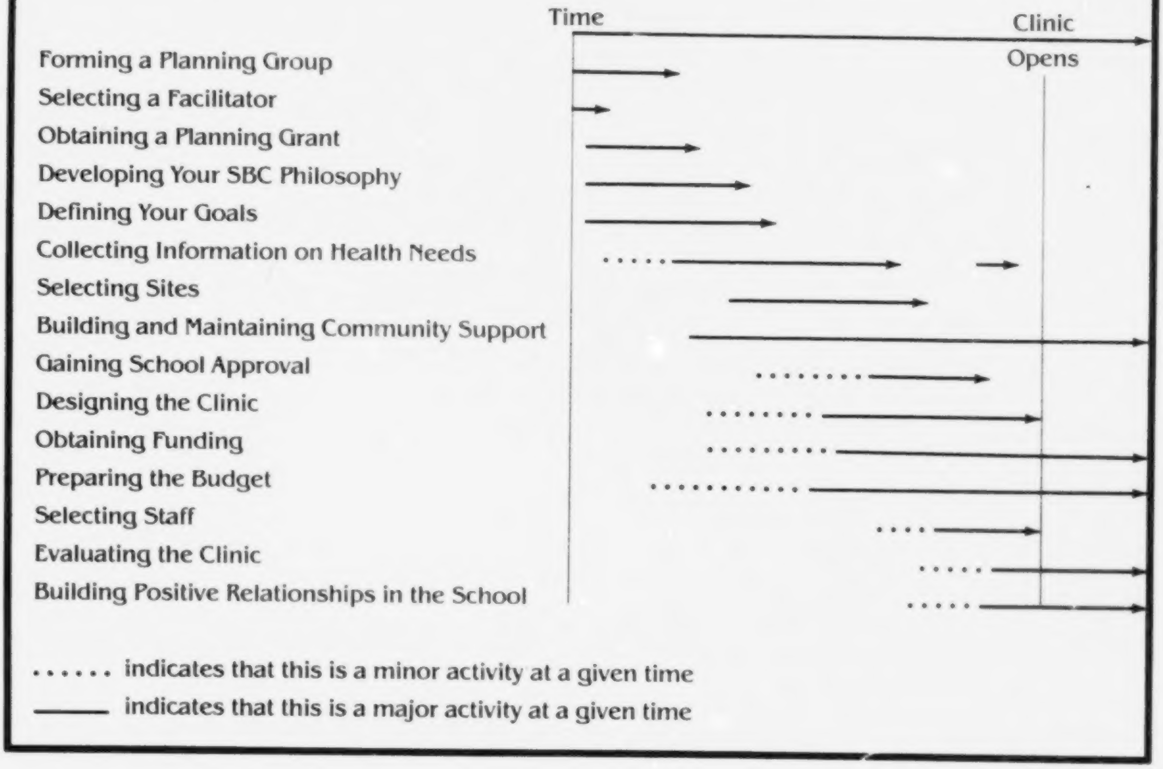
Adolescents are complex, just like all human beings. And while school-based clinics can and do help, they are not the only solution to the problems and needs which arise from such complexity. Improving health care and reducing risk-taking behaviors, pregnancies and the number of emotional crises among adolescents are ultimate, long-range goals to which society as a whole must aspire, and a variety of strategies must be developed and supported.

On a day-to-day basis, the clinic staff hopes to bring young people into the clinic, make positive contact with them, and thereby encourage them to return when needed. Through this interaction, students' lives might improve. For some, the improvement might be imperceptible. For others, the entire course of their lives may alter—an illness detected early, a pregnancy averted, an emotional crisis conquered.

USING THIS MANUAL

School-based clinics exist in a variety of settings and are sponsored by a variety of groups. Thus, the programs and the procedures used to implement them have varied greatly. Any manual that attempts to guide others through the start-up process should recognize this diversity. It must walk a delicate path, steering clear of suggestions or statements that incorrectly seem like hard and fast rules, while also avoiding broad

Figure 1: POSSIBLE TIME LINE FOR DIFFERENT TASKS



generalizations which leave the user floundering for more specific directions. We hope that in writing this manual we have avoided both mistakes. However, program guides are merely that—guides. Like road maps, they can provide directions, but you must orient them to your particular destination.

Agencies and individuals come to the implementation process with different resources and perspectives. Some may already have broad-based community support, but have no funds; others may have funding, but have not yet sought community backing; while still others are beginning at the beginning—they recognize a need and want to do something about it. Again—adapt this manual to your needs appropriately.

Some state governments are becoming involved with school-based clinics by providing guidelines, funding, and/or assistance to localities. Many of this manual's sections can apply to government-initiated efforts, but we write primarily from a grassroots perspective.

Most chapters contain many suggestions for things for you to do. Do not feel that you need to do all of them; select those tasks that best fit your particular needs.

Not surprisingly, agencies have had widely different experiences in opening clinics. Usually, the process of organizing a school-based clinic is long and arduous, taking at least one year and often longer. When the proposed clinic is located in an urban area with larger, more bureaucratic institutions, the effort needed to obtain the necessary approval may require additional time. Yet, some clinic staffs have commented that opening a comprehensive health clinic in a school is much like opening a clinic elsewhere in the community and is relatively easy.

Although the chapters that follow are presented somewhat chronologically, you will need to work on several steps simultaneously. Figure 1 shows the major tasks and the temporal overlap among them. Again, this figure is a guide, and you should adjust it to your own schedule. We do recommend that you at least read the chapters on funding and budget before progressing very far in your planning.

Do not forget that there are people available to help you as you work toward your goal. The Support Center/CPO is a national resource on school-based clinics. It provides technical assistance in a variety of forms—individual telephone consultations, on-site consultations, intensive technical assistance and regional training.

Although this manual is specifically designed to help you implement a school-based clinic, much of it also helps you to assess adolescent health services in your community. If you discover after this assessment that restructuring existing services or introducing other quality health promotion programs would be the best way to meet the needs of adolescents and utilize the resources in your community, that is fine, and this manual will have nonetheless served its purpose—improving health services to adolescents.

Finally, remember that implementing a school-based clinic involves hard work, determination and commitment, but there are obvious rewards. As some St. Paul students wrote to their school-based clinic as they prepared to graduate,

> *Thank you! For being so nice and understanding and listening to our problems, and trying to help us solve them. You really helped us out a lot and we thank you very much. And we are going to miss all of you. You're really going to help a lot of people. And you already have.*

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Chapter 1:

GETTING STARTED

Where to begin? Although it is tempting to charge ahead and open a clinic as soon as possible, you should do a great deal of initial groundwork in order to have a stable program for the long term.

This section addresses these crucial preliminary activities:

- forming your Planning Group
- selecting the facilitator
- constructing your school-based clinic philosophy
- defining your goals

These crucial first steps share importance with another vital step: collecting information and evidence. Even as you build an organizational structure and plan, you should continue to learn about school-based clinics (SBCs) and the needs in your community. Much of this "research" should occur simultaneously with the activities outlined below. A chapter on collecting information and evidence follows this one.

FORMING YOUR PLANNING GROUP

Opening a clinic requires the effort and dedicated support of more than one individual. It is wise to create a Planning Group which will work together to conceptualize the program.

Members of the Planning Group can help you now or later in several ways by:

- building support among their loyal constituencies
- suggesting sources of funding
- providing in-kind services to the clinic
- linking their agency's medical or psychosocial services with the clinic
- facilitating access to school administrators and officials

These and other roles of the Planning Group are discussed more fully throughout the following chapters.

A small group of people interested in a school-based clinic may already exist. This group may need to expand in size or representation. Sometimes the number of individuals interested in helping is quite large, and in this case a Planning Group, of manageable size, must be selected from a larger group of individuals. Whether "you" are a single individual or a large group at this time, you need to become a Planning Group.

CRITERIA FOR PLANNING GROUP MEMBER SELECTION

Your Planning Group should consist of roughly five to eight people and should have the following characteristics:

- commitment—Group members should be willing to devote time and energy, not just a signature, to the cause of adolescent health. "Commitment" must be defined. For instance, each member should be expected to come to a meeting on the average of once a week, or each member should be able to guarantee a specified amount of time to the project.
- unity—All members must share a concern for adolescents, their health, their families and their education.
- expertise—Each person should offer expertise in a relevant subject. For instance, one member may be a school nurse, another a doctor of adolescent medicine, another a civic leader.
- variety—The Planning Group should be made up of an assortment of service providers, each of whom can bring specific knowledge and/or tangible services to the implementation process.

FINDING MEMBERS FOR THE PLANNING GROUP

Finding members for your Planning Group involves "political organizing at its finest," as one successful SBC implementor describes it. Here's where to look:

- within your own organization, where you will probably find people of similar conviction
- other organizations within the community with shared concerns
- the school system—finding someone who works in the schools is an invaluable resource, especially if you and your organization are outside of it
- local medical institutions and universities

As you select the Planning Group members, set up one-on-one meetings and allow ample time for each one.

If your potential member is not already familiar with and supportive of SBCs, then begin each meeting with a variation upon this question: "What do YOU think teenagers in this community need?" Build upon the response you receive. Don't immediately launch into a commercial for school-based clinics: take time to learn; ask more questions. Eventually, the conversation will provide an opening for you to introduce the topic of school-based clinics. Argue your case, and then describe the Planning Group.

Once you have established kinship upon the issue, do not simply invite him or her into your Planning Group. Outline the minimum expectations for membership. Give him or her time to decide. Do not forget to define the particular role that person will play. Will he/she be a spokesperson? Will he/she be the authority on school relations? On medical issues? Although roles change over time, every person in the Planning Group needs to have ownership in the project.

As members join the group, ask them to build support within their own organizations and to identify potential additional members and so on.

SELECTING THE FACILITATOR

As your community mobilizes to support a school-based clinic, many individuals will get involved. At this early stage there may be several individuals, even organizations, ready to build an SBC. Having a group of supporters at the very beginning is an asset. Yet, one person needs to be identified as the implementor, the one who continues to work when the rest go home or return to other jobs.

It is important to identify a single individual in order to provide some consistency and continuity to the implementation process. This person is not a dictator, but a "facilitator," who, in collaboration with the Planning Group, coordinates the early stages of community outreach and coalition building, manages all school-based clinic activism, and maintains responsibility for clinic development from beginning to end.

JOB DESCRIPTION

Some facilitators have sought support from foundations and thereby created this position; in other cases agencies have chosen facilitators with their consent.

The job of the facilitator is demanding and challenging, the kind of position which attracts a "workaholic." Commitment on the part of the facilitator is a prerequisite of success, but there are other important things to look for. The facilitator should be as many of the following as possible:

An Expert in Adolescent Health Care

- someone who is knowledgeable about health issues and the philosophy and advantages of SBCs
- someone who knows adolescents
- someone who has worked with them

A Coalition Builder

- someone whose previous work history demonstrates knowledge of and strong commitment to the community
- someone who understands the community, its politics and power mechanisms and the people who are involved in them
- someone who knows personally some of the influential figures in public and private organizations, as well as government officials, department of education officials, teachers, principals, health department officials, ministers, directors of civic groups, and students
- someone who can talk easily to all of these different interests and individuals and build a cohesive group of supporters

A Public Relations Person

- someone who is likeable—a good salesperson by nature and temperament
- someone who can convey enthusiasm and communicate why SBCs are a good idea for the community

A Development Director/Proposal Writer

- someone who knows how to investigate and identify possible funding sources both in the community itself and beyond
- someone who writes clearly and preferably has experience in writing proposals

It is also important to choose someone who can reasonably guarantee that he/she will see the implementation process through to the end. At the beginning of the implementation process, you should determine when the facilitator's tasks will be complete and when someone else (e.g., a clinic director) should take over.

Of course, not everyone can be an expert in adolescent health care, a community leader, a coalition builder, and a public relations firm all in one. But individuals who nominate themselves or become the primary facilitator of a school-based clinic project should learn a bit about each of these roles and be able to incorporate this knowledge into their work as a facilitator.

ORGANIZATIONAL AFFILIATION

Some thought should be given to the strategic implications of the facilitator's organizational affiliation. His/her organization should have a strong, positive image in the community—a good track record and a history of community involvement.

More importantly, the organization should have the expertise needed to run the clinic, or at least know where to turn to hire it. Remember that SBCs are comprehensive health clinics, so if your agency specializes in one service, you may want to consider joining with other groups.

OBTAINING FINANCIAL SUPPORT FOR YOUR PLANNING

At this time, you should seriously consider seeking a planning grant to support your implementation efforts. Local foundations, social services agencies, even a few national foundations might be willing to fund your start-up activities. (See Chapter 8 on funding for more details.)

DEVELOPING YOUR SBC PHILOSOPHY

Aristotle may not be on the bestseller list, and metaphysics may not be a popular discussion topic these days, but philosophy still has its place in a pragmatic world. Although you may know that school-based clinics provide needed services and have the statistics to prove it, you still need a cohesive philosophy about school-based clinics which binds everything together.

When you argue your case to others, a description of an SBC will pique interest, a collection of statistics will impress, but your *vision* of the program will motivate and convince.

CLARIFYING IMPORTANT ISSUES

When your Planning Group meets for the first time, prepare a discussion paper which touches upon important underlying issues. As a group, you need to clarify your convictions:

- How do you characterize adolescence?
- What are the real problems affecting adolescents?
- How do you feel about teenagers being sexually active?
- What role does the family play in an adolescent's life?
- What should be the role of the schools in the well-being of young people?
- What should be the role of the SBC?

Now for the next logical question—How will an SBC embody your goals and ultimately those of the community?

DEFINING GOALS

Your clinic goals are important. They help determine the services to be offered, the staffing requirements and the facilities needed.

Go ahead and start by envisioning a school-based clinic—the best possible program you could provide to young people. It is also important, however, to decide to what degree you are willing to consider a smaller model. Keeping in mind the needs of the young people you desire to serve, determine what your expectations are and then which services would be absolutely necessary in order to fulfill those expectations. Come to an agreement on what maximally you want, what minimally you would be willing to accept.

As you contemplate your goals, try to be clear about your intentions. Do NOT state goals which you have no real intention of addressing. In your desire to get community support, you might be tempted to build programs that end up failing to address any of the problems which justified the programs in the first place—don't succumb to that temptation. For instance, don't promise to reduce school drop-out and truancy if you don't intend to implement a carefully thought out dropout prevention program which includes a tutorial system and employment-related counseling.

EXAMPLES OF GOALS AND OBJECTIVES

Below are several categories of goals and objectives collected from a variety of operational school-based clinics:

General Health and Health Education

- To bring adolescents into a system of organized health care
- To provide complete health and psychosocial assessments
- To provide early detection and treatment of conditions and illnesses
- To reduce teenage morbidity and mortality within the service area
- To provide health information to teens
- To assist adolescents in utilizing the local health services
- To act as a referral source and intermediary in helping teenagers obtain health care
- To improve inter-agency consolidation of services
- To increase the awareness of health professionals in training on adolescents and community health
- To educate teenagers about sexuality, the risks and responsibilities of sexual activity and the importance of early detection of pregnancy and prenatal care
- To help young teenagers postpone sexual involvement
- To provide contraceptive counseling to those teenagers who are sexually active
- To decrease rates of sexually transmitted disease

Psychosocial Health

- To provide appropriate social service intervention as a means of insuring provision of high quality, comprehensive services
- To allow teens to discuss health concerns and family problems
- To promote dialogue between teenagers and parents about their concerns
- To reduce the psychosocial problems of substance abuse
- To implement strategies for the prevention of teenage depression
- To reduce the incidence of violence

Pregnancy

- To reduce pregnancy rates
- To reduce repeat pregnancy rates
- To improve medical outcomes among pregnant adolescents and their infants
- To have a positive impact on the many psychosocial issues related to teenage pregnancy and premature parenting
- To improve attendance and graduation rates of teen mothers and fathers

Education and Health

- To reduce school absences
- To promote increased school attendance and graduation

PROCESS AND OUTCOME GOALS

When listing your goals, be sure to include both process goals and outcome goals. Outcome goals, goals such as reducing teen pregnancy or reducing teen suicide, contain your visions of an SBC's impact upon the school population and community at large. Process goals usually express your health care philosophy—providing on-going care to adolescents, maintaining adolescent participation, etc. These are goals you can actually see fulfilled each day that the clinic is open. Both kinds of goals are important and serve to complement each other:

- Process goals lead to the fulfillment of outcome goals. Outcome goals, because they relate to complex social problems, necessitate a number of preliminary goals. If, for instance, one of your outcome goals is to reduce teen pregnancy, you will first need to concentrate on certain process goals, such as providing quality sexuality counseling and contraceptive follow-up. Emphasis upon a health care delivery style that offsets neglect might lead to the eventual fulfillment of your outcome goals.
- Process goals help establish reasonable expectations. By defining the success of an SBC in terms of outcome goals, you might set unduly high expectations. The attainment of these goals may take several years, and with many health problems it is unreasonable to expect SBCs to be the only solution. So many serious health and risk-taking behaviors evolve from a history of neglect—poverty, family dissolution, unemployment. Process goals, unlike outcome goals, can often be fulfilled continuously and can help guarantee that your good program will not die simply because you expected too much of it.
- Process goals enhance the personal quality of the clinic. An SBC based solely on the fulfillment of outcome goals may become lifeless and regimented. Process goals, on the other hand, focus effort on the human and individual purposes of the clinic.
- Process and outcome goals together facilitate community mobilization. If your clinic emphasizes process and outcome goals, then you will be continually working with other agencies and thus continually strengthening the support systems for teens.

As you develop your philosophy and process and outcome goals, your Planning Group should take into account the six "C's" of adolescent health care, six issues which go a long way toward assuring a successful adolescent health care program. Once the Planning Group has identified goals and has considered the philosophical issues regarding adolescent health care, the group will want to formalize the results of these discussions by writing down the stated goals, commitments and convictions you have agreed upon and by circulating a copy to each Planning Group member.

THE SIX "C's" OF HEALTH CARE

1. ***Commitment***—Working with teens in a school setting requires a high degree of staff commitment; it is important to hire committed staff and to help them maintain that commitment.

2. ***Counseling***—Teens need formal counseling sessions offered by a social worker or psychologist which treat the teenagers' overall social-psychological well-being; be sure to offer such services.

3. ***Communication***—The setting should provide an opportunity for SBC staff to interact comfortably and informally with young people; barriers to communication about any psychological or health-related topic should be eliminated.

4. ***Confidentiality***—Teens desire and have a right to privacy; guaranteeing that privacy is important.

5. ***Convenience***—Students are more likely to use needed services if they are convenient; offer services when and where teens can use them easily; try to remove any other unnecessary barriers to services.

6. ***Cost***—Many teenagers will not or cannot pay significant fees; provide services free or at low cost.

Chapter 2:
COLLECTING INFORMATION ON HEALTH NEEDS

While your Planning Group is forming, you need to keep learning more about school-based clinics (SBCs) and the health needs in your community. The extent to which you "know your stuff" will greatly influence both your impact upon those you meet during the implementation process and the overall success of your efforts. Now might be one of the few periods when you have quiet time to *think* about the meaning and impact which such a program could have upon your community and school(s). Later, when you need to select arguments that support SBCs, this period of thoughtfulness will surely yield its own benefits.

As you learn about the health needs in your community, you will also become more familiar with the community in general—its unique characteristics, facilities, people and history. Such knowledge is invaluable throughout the implementation process.

CLARIFYING YOUR INTENTIONS

Presumably, because you are reading this manual, you plan to implement a school based-clinic. Yet take an important moment now to identify your reasons for undertaking this project. There are many possible reasons:

- The school-based clinic model is an innovative approach.
- You would like to do something positive in your community.
- You have an interest in adolescent health care.
- Your hospital wishes to do some community outreach.
- Your organization has some unallocated money to spend (suspend your disbelief momentarily!).

These are all plausible explanations, but they must co-exist with the first and foremost reason: need. The actual question is "Does your community, school district/school, really need a school-based clinic?" Or are there other existing services which only need to be mobilized? Or can existing staff members be relocated or their project loads shifted so that their energies can be used in new ways?

In some areas it is quite clear that there is too little, if any, medical care available. Adolescents do not receive care because there are no facilities to provide it. In other areas, there are medical and social service facilities, but they are inadequate—too few, too expensive, not oriented to adolescent care, or for some other reason insufficiently used by young people. In still other areas, there may be adequate services providing care for young people and thus no need for a clinic. The purpose of your information search is to determine which is true in your community.

EMBARKING ON YOUR INFORMATION SEARCH

In order to assess community need for a school-based clinic, you should undertake a fact-finding mission. Do not underestimate the importance of this initial fact-finding period in your implementation process. In seeking the answers to your questions, you will accomplish many tasks simultaneously. You will:

- identify the wide variety of unmet health needs in your community;
- develop an understanding of the kinds of services your school-based clinic could provide;
- familiarize yourself with the bureaucratic and political mechanisms working within your community;
- make contacts—you should keep a record of these meetings;
- educate the people from whom you are getting information—let them know about the school-based clinic concept and your interest in improving adolescent health for this may encourage them to support SBCs;
- polish the style and content of your SBC presentation for future meetings and forums;
- identify current service providers who can tell you which of their programs and services work and which do not work—you can also glean a sense of their support or resistance to the school-based clinic concept.

READING

During your search for information, you should do as much of the following as feasible:

- Read selected, recommended materials concerning school-based clinics, adolescent health, adolescent services and other issues related to adolescent well-being (e.g., the state of the family, poverty figures for children, educational issues, etc.). Review the bibliography in Appendix A for some of the important publications. Check with organizations specializing in these issue areas for their recommendations.

- Scan the newspaper and professional literature for relevant articles dealing with adolescent health and services.
- Maintain a file of the most useful materials, perhaps highlighting those sentences, paragraphs, and quotations which could be cited later.

IDENTIFYING DATA TOPICS

Prior to collecting information, you should try to identify the areas which need investigation. Following are several major areas and related questions. Other areas and questions may also be important in your community.

Although you should try to locate statistical answers to these questions when appropriate, much of your data, particularly local data, may be anecdotal. You will also find that some information is available only at the national level, some only at the state level, and some at the local level. Such variety in sources and types of information is perfectly acceptable.

For some topics you may need data for single years (or other time periods). For other topics you may need trends over time.

Underserved Youth. What are the economic conditions in the community?

- What is the poverty rate?
- What percentage of teenagers live in families with incomes below the poverty rate?
- What is the unemployment rate?
- What is the teen unemployment rate?
- How many teens are eligible for medicaid?
- Are doctors, specialists in adolescent medicine, clinics (private or community) readily accessible?
- Has medical indigence been documented?
- Has the federal government categorized the region as an MUA (medically underserved area) or as an HMSA (health manpower shortage area)?

Health Problems. How prevalent are health problems among adolescents in the community?

- How many adolescents have acute conditions? (illnesses of a short duration which are resolved)?
- How many have chronic conditions (illnesses that persist)?
- What are the pregnancy and birth rates?
- What are the rates of different sexually-transmitted diseases?
- How common are risk-taking behaviors (drug use, alcohol consumption)?
- How frequently do adolescents rely upon emergency room visits in area hospitals?
- What are the mortality rates for vehicular (including skateboards, mopeds, etc.) and non-vehicular accidents?

What are the health habits of the population?

- Do many exercise regularly?
- Do they practice preventive health care and preventive dental care?
- Are their immunization schedules complete?

What is the nutritional status of the young people?

- How many are overweight or underweight?
- How many suffer from eating disorders?
- How many have diet deficiencies?

Psychosocial Problems. How prevalent are psychosocial problems among young people?

- How frequently do young people seek help at mental health facilities in the community for stress, depression, loneliness?
- How frequently do counselors, teachers, social workers notice these conditions among their young people?
- How well do existing services address adolescent concerns?
- How often are family problems, including physical and sexual abuse, identified by counselors and social workers?
- What is the average waiting time for an appointment with a mental health service provider?
- What is the number of outpatient/mental health visits made by adolescents?
- What is the suicide rate?

School Problems. What is the dropout rate?

- What are the reasons for dropout?
- What is the grade-to-grade failure rate?
- What is the absentee rate?
- How much absenteeism is attributable to sickness?
- How much is unaccounted for?

What is the incidence of violence and vandalism in the school and surrounding community?

- How many students are suspended or expelled from school because of fights and violence?

Community Considerations. What are the demographic patterns in the community?

- What percentage of the local population is teenagers?
- How many refugees and immigrants live in your community or move into your community each year?
- Are crime rates high among teenagers in your community?

- What is the homicide rate for young people?
- How many young people are arrested?

Does the community have other innovative programs, specifically innovative health programs?

- Are any local businesses involved with health-related community concerns?

To gain a better understanding of the information you will be gathering, we suggest that you read about the health indicators outlined in Chapter Four of *Monitoring Children's Health: Key Indicators*, by C. Arden Miller, Amy Fine, Sharon Adams-Taylor, and Lisbeth R. Schorr. (See the bibliography in Appendix A for ordering information.) This chapter will provide you with a portrait of the health issues most relevant to adolescence, e.g., teenage births, suicide, motor vehicle accident fatalities, etc. It not only explains the meaning of these indicators, but also summarizes trends and policy implications. As you collect data and especially as you interpret that data, these brief explanations will be quite helpful.

GATHERING STATISTICS

Statistics are an absolutely vital part of your endeavors. They quantify and thus render more concrete the issues you are addressing. Legislators, lawmakers, funders, and other people in positions of influence especially rely upon statistics to help them interpret the importance, meaning, and impact of the numerous issues they confront. Even though you may not feel comfortable with numbers, you need to collect them.

Unfortunately, statistics on adolescent health can be somewhat difficult to collect. Traditionally, teenagers have been classified as older children, so that many statistical profiles group adolescents with younger children, making it difficult to determine the degree to which adolescents alone are subject to various health conditions. Also, many of the problems and illnesses which beset teens are not easily tabulated. Substance abuse and emotional difficulties are not always readily apparent and depend upon self-reporting, a somewhat unreliable measure. Finally, statistics on adolescent health are often a challenge to track down, hidden in a variety of agencies, publications, and data bases.

When collecting statistics, try to obtain the most recent figures. The figures for many conditions, such as teen pregnancy, may seem rather dated. This is because such statistics are difficult to tabulate. In these cases, you will just have to use the most current figures available. Also, try to be true to the content of the statistics. A slight change in the wording of a statistical phrase can result in a major change in the phrase's meaning.

Do not spend too much time devising intricate methods of finding statistics. You do not necessarily need a large quantity of numbers. A varied collection of strategically organized, telling statistics will probably meet your needs.

ON THE NATIONAL LEVEL

While it is most important to have figures on your specific population, you might find collecting national statistics a good beginning. National statistics reveal those conditions which are nationally prevalent and offer a point of comparison for your local figures, often times demonstrating that your community's problems are not isolated. It is also true that sometimes national statistics will be easier to locate than local ones.

When collecting national statistics, try to gather truly national figures. This will often prove a challenge since statistics on many health conditions are not collected nationally. If collecting national figures proves impossible, as it will occasionally, then try to find a nationally representative study on the topic you are researching—a study that uses a group drawn from a cross-section of the country.

Following are a few additional items to help you in collecting national statistics:

- We have included material from CPO's adolescent health fact sheet in Appendix B. We hope that this will give you an idea of the kinds of figures you might like to include in your community-oriented version. But keep in mind that the figures listed might be dated by the time you are collecting your own.
- You can contact a large university with a school of public health. Such a school may have collected data during research efforts or may help you collect your own data.
- National organizations, both governmental and private, collect statistics that pertain to their activities. Below are the addresses of a variety of them. Write and ask whether they have publications containing statistics of relevance to you.

NATIONAL ORGANIZATIONS

ALAN GUTTMACHER INSTITUTE
111 Fifth Avenue
New York, NY 10003
(212) 254-5656

Contraceptive use and related family planning issues

CENTER FOR POPULATION OPTIONS
1012 14th Street, NW
Suite 1200
Washington, D.C. 20005
(202) 347-5700

Teenage pregnancy and sexuality

CENTERS FOR DISEASE CONTROL
1600 Clifton Road, NE
Atlanta, GA 30333
(404) 329-3311

Diseases and preventable conditions; reproductive health and STD rates

CHILDREN'S DEFENSE FUND
122 C Street, NW
Washington, D.C. 20001
(202) 628-8787

Child health and welfare

CENTER FOR STATISTICS
555 New Jersey Ave, NW
Washington, D.C. 20208
(202) 357-6651

Data from educational research

NATIONAL CENTER FOR HEALTH STATISTICS
3700 East-West Highway
Hyattsville, MD 20782
(202) 436-8500

Natality, mortality, marriages and divorces, family growth
Major data bases

NATIONAL INSTITUTES OF HEALTH
9000 Rockville Pike
Bethesda, MA 20205
(301) 496-4000

Alcohol, drugs, mental health, and child health divisions (Each of these divisions has information clearinghouses.)

NATIONAL URBAN LEAGUE, INC.
500 East 62nd Street
New York, NY 10021
(212) 310-9000

Urban and minority youth

U.S. DEPARTMENT OF COMMERCE
Bureau of the Census
Statistical Population Division
Washington, D.C. 20233
(202) 655-4000

Census data (sometimes by age); population characteristics

U.S. DEPARTMENT OF LABOR
Bureau of Labor Statistics
200 Constitution Avenue, NW
Washington, D.C. 20210
(202) 655-4000

Teenagers in the work force (employment and unemployment figures)

Some of the publications available from these organizations are included in the bibliography in Appendix A.

ON THE STATE LEVEL

Your state Department of Health should be able to provide you with relevant figures for the topics you are researching, particularly birth rates for teenagers in your state. The data collected varies from state to state, so you should locate an information source and ask that individual about the kinds of information available. This person will most likely work in the Vital Statistics Office, the Office of Maternal and Child Health or a reimbursement office (i.e., Medicaid).

ON THE LOCAL LEVEL

The figures you gather locally are the most vital and collecting them should be your primary priority. Finding accurate local statistics can prove frustrating, depending upon the nature of your local agencies and the extent to which they gather data. But you will find some numbers, so don't give up. Here are some helpful hints:

- Visit your local health department. At the very least, health department officials are an invaluable source of anecdotal information regarding your area. An official specializing in children's or adolescent health should be able to provide you with local numbers if they exist, and/or direct you to an office or individual who can provide additional assistance. The health department should also document medical indigence within its jurisdiction, so be sure you ask specifically about whether there are designated health manpower shortage areas within your region of interest.
- Contact other health-related agencies. Mental health and alcohol and drug abuse agencies, even departments of transportation, might have figures concerning teenagers, accidents, injuries and substance abuse. These agencies may not have hard numbers, but might have taken a needs assessment survey themselves that is representative.
- Contact the Department of Education or the Superintendent of Schools' Office and request figures on issues related to school absenteeism, drop-out, and suspension. Try to get a breakdown for school districts, even individual schools, if possible.
- Visit City Hall. Here you can probably find some figures on adolescent crime involvement. Also take a look at the census tracts. Census questionnaires ask a variety of questions regarding health and well-being. You may be

able to request a computer run which pulls off specific data for specific age groups.

- Check with local semi-public and private agencies which treat youngsters—hospitals, detention homes, crisis centers, family planning agencies. They too might have statistical information generated from their own records and surveys.
- Call local branches of youth-serving agencies. YWCAs, Girls Clubs and the United Way are often involved with community policy regarding the youth population. They may have written or participated in a local study.
- Talk with local officials in your school system. They have statistics pertaining to their school body: demographic information, economic status (in terms of school lunch eligibility), academic achievement, etc. Also, the school nurse could be a perfect source of information on the kinds and incidence of illnesses among the school population.
- Determine whether your community has any special task forces investigating health issues, e.g., drug and alcohol abuse, teenage pregnancy or teen suicide. Contact them. These committees, frequently established by the mayor or city council, often collect data and may have already done some of the necessary leg work.

As you look for local statistics, you will probably discover that you cannot find data for some of the health issues you are investigating. If so, you might want to work with another agency to start documenting need in the community over a period of several months.

Once you have collected statistics, you should have a fairly sharp picture of the conditions and needs existing in your community. At this point, you might wish to evaluate the numbers and select those figures which best combine accuracy with relevance. Statistics which speak of high rates of STD in 1968, or a high suicide rate in urban areas when you live in a rural area are not as useful as their numbers might imply. Statistics must be used strategically as well as accurately.

A good way to determine the importance of a local statistic is to compare it to a national norm. However, even if your statistic is lower than or equal to the national number, it does not mean that your area does not have a problem. Only by combining statistics with your knowledge of the health conditions in question can you truly evaluate the meaning of a number. That four in ten teenagers become pregnant by the time they reach age 20 would mean very little if you did not know about the various negative consequences of teenage childbearing. And even with a combination of fact and theory, you still need a human element.

GATHERING ANECDOTES THROUGH INTERVIEWS

Some people may frown upon "mere anecdotes"; however, it has been said that "statistics are people with the tears washed off." Statistics are impersonal abstractions, divorced from the real world. Anecdotes and insights from knowledgeable people add the human meaning to statistics.

As you meet people in the health and youth-serving fields, both locally and nationally, you will hear countless anecdotes. For example, as you talk with local health department officials, they might happen to mention that their staffs have noticed an increase in nutritional deficiency among teenagers. Try to keep a written record of these kinds of informal observations.

Take special note of your conversations with practitioners. They have first-hand knowledge of adolescents and will be able to provide you with actual examples of young people with health needs. Practitioners will be particularly helpful in identifying areas within your community which lack services.

Be sure that you talk to parents and young people themselves. Adolescents' perceptions of their health and medical needs are vitally important as you determine whether a school-based clinic will be welcome in the schools. If you take an informal survey, encourage parents and youngsters to comment in detail. But also plan on a visit to an area school or youth-serving agency where you can be sure to meet and talk with young people.

Finally, contact other resource people knowledgeable about adolescent health:

- the staff of the Adolescent Medicine Division of a local medical school
- officials in your local health department who specialize in adolescent issues
- the local Planned Parenthood affiliate or other area family planning clinics
- youth-serving agencies in your community
- other groups which work with adolescents, such as churches, fraternal organizations, Big Brother/Big Sister programs
- a school nurse, not necessarily in a school where you might be considering an SBC

Always keep in mind that you are attempting to locate regions within your community which have many needs and few services. Continually ask where people perceive the greatest need.

FURTHER INFORMATION ON SBCS

While learning about the health needs of adolescents, and more particularly, the adolescents in your community, you also need to learn more about school-based clinics. There are several ways to do this:

- Read the increasing literature on SBCs.
- Contact current clinic practitioners and/or agencies which run other SBCs.
- Actually visit a well-established, effective school-based clinic, if possible in a community which is similar to your own.
- Attend regional training or conferences on SBCs.

The Support Center/CPO can help you with some of these activities.

As you become knowledgeable about adolescent health needs in your community, you will notice that the steps you take to educate yourself are often the very same ones you must follow later to help you identify possible school sites in your community. Do not repeat each step; instead, coordinate your activities so that you are accomplishing a number of objectives at the same time.

Chapter 3:
SELECTING SITES

Early in your planning you should identify one or more schools as possible SBC sites. During your research efforts, you should have obtained some idea of all the school districts and the schools within those districts which most need adolescent health services.

This chapter helps you select schools in your community. This is a crucial early step. When you evaluate health needs, you will undoubtedly find that students in some schools have a much greater need for health service than students in other schools.

CRITERIA FOR SITE SELECTION

Past experience has shown that starting several clinics at one time often proves difficult because local concerns and needs can become lost in the big picture. Some organizations which have opened several clinics simultaneously have found that they experience less community involvement and lower clinic utilization rates by students. Start small, with "Quality, not quantity," as your motto.

Which schools will be the target schools? Clearly you need to examine the viability of implementing an SBC program within various neighborhoods and somehow select a few priority schools—schools that most need a clinic, which at the same time are most likely to want one.

Below are some criteria to help you narrow down the list of schools to one or a small number of preferred school sites. This list cannot encompass all possible considerations. In some instances, the process of site selection will take place after you have received formal school district approval, and therefore school authorities may become involved. They will share some of your concerns, but may have others of their own as well.

NEED FOR HEALTH SERVICES

Are the students healthy, or do they have unmet health needs? Are medical services currently available or in close proximity? If you have found that one of your potential sites is next door to a community clinic, then clearly that school has less need for an SBC then other schools without such a clinic. If, on the other hand, through your investigations, you determine that the young people who attend a certain school do not have accessible, quality health care that they are using, then that school is a good candidate.

SCHOOL ACCEPTANCE AND SUPPORT

Is the school administration (particularly the principal, but also the teachers and guidance counselors) supportive of an SBC? Is the site renowned for its willingness to participate in and initiate innovative programs? Is the school appropriate for this kind of program? If there is already a school health program, is it receptive to the SBC program? Will an SBC interface well with existing health programs? Is the school nurse supportive?

Will the students support the clinic? Talk to students at an early date and determine whether they would appreciate and use the clinic. Do they perceive a need? Be sure to talk with a variety of students. School leaders, class presidents, and favorite athletes may be most accessible, but the views of most successful students may not reflect those of the entire spectrum of potential clinic users.

PARENTAL AND COMMUNITY SUPPORT

Does the school serve a specific community, or (as a result of busing, magnet schools, etc.) a dispersed community? What percentage of the students in the school comes from the surrounding area? What percentage from other areas? Although clinics can thrive in schools which do not serve their immediate neighborhood, establishing such clinics is often more difficult because it involves trying to win support for a program both in the school's neighborhood and in the numerous areas from which the young people come.

Does the school's community seem likely to adopt the SBC as its own and champion its cause? Will the PTA, churches and other community agencies be supportive? Will they provide services and support through their agencies and organizations? Are private physicians in the area supportive? Do community members have a history of involvement in community affairs?

PRACTICAL CONSIDERATIONS

Is the school the proper level for the kinds of programs your SBC will have (i.e, a junior or senior high school)?

Will the clinic have a clustering effect? If it opens in the senior high school, will it also have some impact on the local junior high or middle school? Would these students be able to use the clinic? Is it close enough? Would it be feasible to provide education and counseling in that school as well? What is the working relationship between the two schools?

Does the school have a reasonable amount of available space for a clinic? A broom closet is not adequate! Can the school add additional space (e.g., a portable room)?

What medical facilities, resources and staffing are available as clinic back-up, for after hours, emergencies, and major problems? How far away are they? Can transportation be arranged to these facilities?

Will the clinic be sufficiently well utilized that the cost per clinic visit will not be unreasonable?

Chapter 4:

BUILDING COMMUNITY SUPPORT

What qualities do you need in order to gain the community support and approval required to get a school-based clinic running? According to one city health department official, "You need patience, humor, and a strong stomach!"[1] However, he added that if you *do* have these qualities, you will be successful and will experience a great deal of satisfaction as you work for SBCs.

Your efforts can produce effective community support:

> *[We] are totally supportive of the . . . clinic. It will play a critical role in reducing the rate of teen pregnancy and helping young people in this community succeed in life. . . . We value any program that gives our young a chance for a better future.*[2]

These comments were part of a letter to the editor penned by a community member in an area served by a school-based clinic. When that clinic encountered outside resistance to its program, the community provided vocal and straightforward support. They knew and cared about the SBC program; they were willing to fight for its continued existence.

THE NEED FOR COMMUNITY SUPPORT

From the moment you begin to think about implementing a school-based clinic, you must think about building community support. Some of the most important reasons follow:

- A school-based clinic serves the community's children. If the community does not want a clinic, you will not be able to serve its children. This sounds obvious, but it is human to forget underlying principles.
- SBCs are in public schools, and public schools reflect local values. In order to obtain school support (principals, teachers and parents) and school board approval, you need to demonstrate community support for your program.
- Once the clinic opens, parents will be asked to sign consent forms for their children. Because you want a positive response from parents at that time and want involvement in various facets of the program later, you need to seek their approval before program implementation.
- For comprehensive, quality care in your SBC, you will probably have to rely upon referrals to other agencies in your community. To make inter-agency referrals, you need to establish partnerships within the community; in order to establish partnerships, you need to win community support.
- Usually a school-based clinic receives financial support from local, community sources—private foundations, local health departments, the school system itself. You need to initiate and then nurture these relationships.

BUILDING COMMUNITY SUPPORT

Before you introduce the idea of a school-based clinic, you need to be sure your audience is ready to meet this new idea. Because of your knowledge of the health needs of your community, you can fully appreciate the SBC concept, but others who may not be as knowledgeable in the health field may not see the problems in their community and may not even recognize the importance of the problems once they hear about them. Consequently, you need to establish the context in which a school-based clinic proposal will flourish. Even though doing this may become time-consuming, it is a vital step.

CLARIFYING ROLES

Before you and your Planning Group actively seek support in the community, you must make sure that your Planning Group is itself prepared to make contact with community members. Up until now, your work in the community has brought you face-to-face with supporters. From now on, however, you will be meeting with a variety of people, some of whom will become your friends and some of whom will not.

Because you will now be contending with disagreement, all planning group members will need to have a clear sense of your relationships with various community groups and the roles you envision them playing in the SBC. You will also need consistent, thoughtful answers to any questions that may be raised.

RAISING COMMUNITY CONSCIOUSNESS

There are a variety of different things you can do to inform the general community:

Printed Materials

- Write articles, letters to the editor, and pamphlets which address the issues of adolescent health and risk-taking behavior.
- Using the information and evidence you have collected, design a fact sheet which can be duplicated and disseminated.

Audio-Visual Material

- Develop for the radio or a local television station a public service announcement which addresses adolescent health issues.

Presentations

- Create a standard presentation on Adolescents: Their Health Problems and Needs (or something similar to that) and offer to present it at various functions in the community—PTA meetings, civic organizations' gatherings, etc.

WORKING WITH SPECIFIC COMMUNITY GROUPS

Several constituencies within the community will be directly affected by the opening of a school-based clinic and may have greater interest in the school-based clinics. These groups have the right to know how they might be affected, and there are certain things that you should assure them.

Parents. Parents need to feel that they are valuable, and thus, they should be involved from the beginning. At first, you might find that parents seem apathetic, especially in economically depressed communities where feelings of powerlessness, inadequacy, distrust and ambivalence are common. Do not be fooled by this silence—parents care about their children. Give them time. Find ways to accommodate parents' schedules and answer their questions. Ask them what they believe their family's needs are and what the SBC could do to help them. Ultimately, it is the parents who must be responsible for the health needs of their children.

More specifically, parents need to know the details of the SBC program:

- services offered
- staff qualifications
- clinic hours
- assurances of student confidentiality

Parents also need to know that their authority will not be usurped:

- Parental consent will be required.
- The clinic will consult with parents in accordance with state laws, when serious medical situations arise.
- The clinic will encourage teens to discuss problems with their parents.

School Health Personnel. Discuss the following with school health personnel:

- School health clinics will not replace them, but help them accomplish their jobs more effectively.
- They will become involved, have a voice, be a valuable resource and have more impact on the health of the students through a school-based clinic.

School Administration. Reassure the school administration on certain points:

- An innovative and effective health care program in their schools can enhance their school's image.
- An SBC will support, not hinder, the educational process.
- Their responsibility for daily management will be minimal, but your respect for their objectives is maximal. (See Chapter Six, Gaining School Approval, for more details.)

Youth-Serving Agencies. Inform youth-serving agencies that they can benefit from your program:

- A school-based clinic could expand their service population through referrals.
- A school-based clinic could help them improve their services by extending programs to schools, where teens spend more time.

Private Health Care Providers. Demonstrate to private health care providers that SBCs will help them, not hurt them:

- Their client load may increase, if they so desire, through referrals of students and also of family members not served by the SBC.
- Because the SBC will provide care only to young people and especially to those young people who currently do not receive care, SBCs would be unlikely to decrease health care providers' client loads.
- An SBC would serve a valuable triage function so that the provider knows precisely what to expect when a referred patient walks in the office.

Other Groups. Develop with your Planning Group a master list of groups and organizations within your community that might take an interest in, wish to be involved with or expect to be informed of a school-based clinic. Below are some possibilities:

Medical associations and societies
Nurses associations and societies
Hospital auxiliaries
Dental associations and societies
Doctors
Dentists
Public health associations

Mental health centers
Family planning groups
National Association of Social Workers
Crisis centers
Drug and alcohol treatment centers
Family and children services
Associations for the handicapped
Parent teacher associations
Churches and synagogues
March of Dimes
Red Cross
Urban League
United Way
NAACP
Teen Theater Groups
Brownies and Girl Scouts
Cub Scouts and Boy Scouts
Campfire Girls
4-H Clubs
YMCA, YWCA
Church youth organizations
Junior Leagues
Girls' Clubs of America
Boys' Clubs of America

You and your Planning Group should decide which groups in your community should be approached, and then create a list of specific individuals that you should contact. Be sure to include people who may not be in any of these groups, but are important nevertheless.

Meeting with Potential Supporters

- Try to judge which groups and individuals seem potentially supportive, which are potential care providers, which are particularly necessary as endorsers, which are especially problematic, etc.
- Decide precisely what you are seeking from each of these groups—written endorsement, donation of services, contract for services, public appearances, etc.
- Determine which Planning Group member will visit which group/individual. Decide strategically by considering who knows whom and who has worked with whom in the past.
- When meeting with potential supporters, follow procedures similar to those outlined in Chapter One, Getting Started, when you were scouting for Planning Group members. Tell them why you are meeting—your mutual concern about adolescent health and well-being. Allow them to air their opinions and views regarding the issue.
- Although you want to locate potential SBC advocates and get them excited about the concept, make sure you positively channel their enthusiasm. Let them know that they can harm the program almost as much as they can help it if they rush the process, take matters into their own hands or talk idly or incorrectly about the SBC plans.
- Do not leave meetings without a clear sense of what was agreed upon. Insist upon commitment to a certain mutually agreed upon level of endorsement and involvement, such as writing a letter of support, attending a Board of Education meeting or writing a letter to the editor. This is crucial. Too many times, individuals or groups seem to make promises, but when you return to them requesting vocal support, they manage hardly a whisper. Be assertive and honest in your discussions so that clear statements result. Once the meeting is over, remember to write a letter to the person or organization, outlining and reviewing the terms agreed upon.
- Do not assume contact has been made with a strategic source. Always keep a record of who in the Planning Group is involved in the meeting, when the meeting occurs and what takes place.

ADDRESSING COMMUNITY CONCERNS

Many civic, business and religious groups may prove to be your most vocal supporters. However, there are individuals and groups in most communities which for ethical, religious and/or personal reasons will oppose the clinic and may work diligently to prevent its opening. It is important to determine whether these individuals or groups are located in the school's area. At the same time, remember that your group shares one important quality with these other groups—the strength of your convictions.

It is wise to anticipate controversial issues before they are raised. Early awareness of possible objections enables you to frame thoughtful, convincing responses; it also enables the members of the Planning Group to clarify these issues among themselves.

DEALING WITH QUESTIONS AND CONCERNS

Always make an effort to communicate your respect for the convictions of those who question or oppose SBCs, even though you may not agree with them. Make sure to address their questions and concerns. You may in time discover that there are some issues on which you cannot agree and that further dialogue is impossible. When this occurs, you will need the support of the other groups in the community whom you have enlisted as your backers. Hopefully, you will find common areas of agreement.

There are a number of suggestions for dealing with questions:

Clarify the question before attempting to answer it. Sometimes people have difficulty phrasing questions. It may not be immediately clear where the concern lies. Do not try to answer a question until you are reasonably sure you understand what is being asked. Ask for an example or a further definition of some portion of the statement. For instance, "You mentioned your uncertainty about birth control. Could you tell me what you perceive as the problem?" By seeking clarification, you can often encourage people to rephrase their questions. Do not respond with broad statements such as, "I do not know what you mean," or "You'll need to repeat your question." This only frustrates your questioner.

Validate the question. Do not minimize or belittle people's concerns by responding too quickly. When appropriate, affirm the concern by saying, "This is an important issue," or "You are asking about a portion of our program I really would like to discuss in more detail."

Answer questions directly and honestly. Whenever possible, provide factual information. Do not, however, overdo statistics. If you don't know the answer to a question, tell the questioner you will try to find the answer. Do be sure to follow through on that promise.

Steer clear of arguments. Do not pass recriminations back and forth. Instead, attempt to emphasize your willingness to discuss.

Show respect for the person asking the question. Do not indicate that you find any question silly or misguided. Listen to every comment made by the questioner.

Take any steps necessary to follow-up on voiced concerns. If someone asks a question and is not satisfied once you have answered it, let that person know what you intend to do about that concern, even if you can only promise to talk again later.

At the end of this chapter are possible answers to questions or concerns commonly raised. They may stimulate your thinking of better answers.

CONDUCTING COMMUNITY SURVEYS

While conducting community surveys is primarily a method of collecting valuable information about community sentiment, surveys can also educate the public. From survey results, you can gauge the community's potential support for SBCs, its assessment of existing community health services and its choice of services within the envisioned clinic.

Community and parent surveys require considerable thought. Should you administer the questionnaire at all? If you do, how will you administer it? Survey questionnaires are susceptible to broad interpretation and conjecture. A personal question or a question about specific services might stimulate controversy. Therefore, you should assess your community's sensitivity carefully. If the community does not seem resistant to new ideas, the survey may be welcomed. Parents and other citizens may appreciate your efforts to include them.

The survey may be an important source of information about the proposed clinic, especially for parents. Thus, you should include a cover letter that provides whatever information you have about the clinic (e.g., that parental consent will be required for services). Presumably you do not know at this stage what services will be offered. The major purpose of the survey is to obtain parental and community input. This point should be emphasized in your cover letter.

The survey should ask community members and parents what they see as their adolescents' unmet health needs, what other services are available to them in the community, and what services they would like to see offered in the school clinic.

The survey participants should include, but not necessarily be limited to, parents of students who would be served by the clinic. If you send the survey questionnaire to adults who are not parents of students in the school, then you should ask whether the respondent has children in that or other community schools, so that you can distinguish questionnaires completed by parents from questionnaires completed by other community members.

In some sites it may be very important to have a high survey response rate. Those parents who are least likely to return the survey may have children with the greatest health needs, and thus low response rates may reflect biased data.

BUILDING A COMMUNITY ADVISORY BOARD

The Community Advisory Board can be seen as the culmination of your efforts to gain community support. It is your formal symbol of community support. The Advisory Board should consist of approximately 20 members selected from the community at-large, and thus differs significantly from your Planning Group.

The Board's Role. Advisory Board members play an important role. Before the clinic is operational, they should be briefed periodically about the current status of your project. Some or all members will:

- provide credibility and appropriate representation of community interests,
- offer advice when you encounter problems,
- gauge public opinion,
- speak out in favor of your project at public events and to people of importance,
- offer you support and guidance when you are working with their special constituencies,
- help you identify funding sources and perhaps obtain funding,
- help you design the clinic,
- make recommendations to the school board or school authorities.

Once the clinic is operational, the Planning Group may disband as a group (though individuals often remain involved), but the Advisory Board will stay intact. At that stage, it will:

- monitor the clinic's progress and programs,
- review programming,
- suggest new programming,
- examine and offer suggestions on written materials,
- play a public relations role with the community
- help you seek further funding.

Selecting and Approaching Potential Board Members. After making extensive contacts and friends, your Planning Group should have a rather lengthy list of possible Advisory Board members. The Advisory Board is a strategically important group, so take time to build it. Try to include parents, school board members, community representatives, physicians, ministers and politicians. You might even wish to include a student, either now or later.

Those selected should represent diverse constituencies. They might not share your social agenda, but they should share your commitment to school-based clinics. Attempt to include people who are capable of critically analyzing and assessing the school-based clinic program.

When approaching potential Board members, make sure to have a clearly-defined list of responsibilities:

- length of involvement
- policy and power limitations
- funding role
- time commitments

If you are planning more than one clinic in your community, you must determine whether you will establish a Community Advisory Board for each one. Having several boards is time-consuming, especially after the clinics are operational and the boards are meeting regularly. However, a Board for every clinic also individualizes the attention each SBC will receive, and might, therefore, facilitate higher quality clinics.

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1. Steven Purser, during a speech on school-based clinics at the annual meetings of the National Family Planning and Reproductive Health Planning Association, Washington D.C., 1986.
2. Letter to the Editor, *Chicago Sun Times*, September 29, 1985.

COMMON QUESTIONS

Following are some of the more common questions and concerns raised by people, especially by those people initially opposed to SBCs. This list is by no means exhaustive. Each community will have concerns unique to its situation. However, the questions below do give you a sense of the kinds of issues you may well confront. A number of them involve sexual issues, because such issues are often more controversial. We have used a question/answer format, not to discourage your advisory group from thinking about answers, but to initiate discussion and help you as you develop your own responses.

Q. Isn't adolescent health care the responsibility of the parents?

A. Of course. But many kinds of health care must be administered by trained medical staff, and cannot be provided by the parents themselves. In many communities where SBCs are located, it is difficult for parents to take their children to get needed medical services. Thus, SBCs help the parents obtain that care for their children.

Q. Won't school-based clinics undermine the authority of parents?

A. School-based clinics aim to provide comprehensive health services to teens; they do not seek to replace the family. If anything, SBCs serve families by providing quality medical care to adolescent members who need it.

Furthermore, parents are involved: before a student is allowed to use the clinic, he/she must bring in a signed parental consent form. During the visit, all clinics encourage teens to communicate with their parents and ask students to inform their parents of less serious illnesses such as flu, strep throat, etc. Then, during or after the visit, all clinics inform parents of serious conditions.

With regard to family planning and sexually transmitted diseases, if a clinic provides those services, and if a parent has signed a consent form indicating that it is alright to provide that service, then the school-based clinic will provide the service and follow the legal procedures practiced by any health clinic in the state. In the majority of the fifty states, young people are entitled by law to confidential services associated with family planning, prenatal care and screening and treatment for STDs. At SBCs, staff members urge students to talk with their parents about sexual matters, but clinics respect the law insofar as informing the parents directly about these matters. (You should check into the laws of your own state by calling the state health department.)

Q. Doesn't the parental consent form confuse parents about the services actually provided?

A. Parental consent forms are straightforward. They describe the clinic and list the services available. If parents have questions regarding the form or clinic, they are invited to call the clinic for further information and/or visit the clinic. And, in several locations, clinics have parent orientation and information forums throughout the year.

Q. Shouldn't schools focus on education and not try to provide medical care?

A. For over a century, schools have had some type of involvement in health and health care: school nurses and other health professionals have taught health education and provided periodic health screening, immunizations and TB tests. They have also done referrals and offered drug and alcohol abuse programs. But now, in response to the nation's growing awareness of health, and particularly the health concerns of teenagers, schools are extending and improving their services.

School-based clinics are a natural extension since they educate teens as well as treat them. SBCs help facilitate the attainment of educational goals by detecting vision and hearing problems and providing counseling for emotional and family problems and other conditions which might interfere with study habits.

Q. Don't clinics disrupt school by taking students out of class?

A. School clinics do not disrupt the educational process; rather, by keeping students healthy, saving them the time and inconvenience of traveling to distant physicians' offices, and encouraging healthy behavior, clinics keep students in class and thus serve to strengthen the quality of classroom education. Students are not *allowed to leave class randomly or at a moment's notice, but ordinarily have scheduled appointments during their free periods and study halls. They can also visit the clinic before and after school, as most clinic hours extend beyond the official school day.*

Q. Don't clinics place an additional burden upon schools and their administrations?

A. Although clinic staff members cooperate with school officials and follow all school regulations, most clinics are sponsored and administered by an outside agency. That agency is responsible for obtaining funding, hiring and directing staff, establishing medical protocols, obtaining medical liability insurance, and handling other aspects of the clinic. Thus, the burdens of the schools are not increased.

Q. Don't clinics put school nurses out of business?

A. School nurses have several duties distinct from the clinic, duties related to school records and serving those students who are not enrolled in the clinic program. Therefore, much of their day remains the same as it did before the clinic existed. Most school nurses and SBCs work together to identify additional responsibilities for the nurse. The school nurse can take a position on the Advisory Board, help plan the clinic, act as chief liaison between the school and clinic, and counsel and refer students. Nurses usually welcome SBCs because they are now able not only to detect and diagnose, but also to treat and resolve student health problems.

Q. Do clinics require students to use their services?

A. School-based clinics are not mandatory. Students and their families choose whether or not to use the facilities. In every school there are students who have other sources of care and students who choose not to use the clinic for other reasons. Students have the right to not participate in clinic activities and are never pressured into doing so.

Q. Don't SBCs provide lower quality care than private physicians or community or hospital clinics?

A. SBCs follow the same procedures and protocols as other clinics and medical facilities. SBC physicians either serve students directly in the clinic or establish protocols and handle referrals. They also provide oversight, acting as the program's medical director. Every program differs and, as is the case with individual private physicians, styles vary. SBCs attempt to offer more individualized and age-appropriate kinds of care than private physicians and community and hospital clinics are ordinarily able to give.

Q. Aren't school-based clinics expensive?

A. Health care is expensive all over America. Your community must decide whether your young peoples' health is too costly to insure. School-based clinics cost an average of $150-200 per student served per year. This is not cheap, but neither is the loss incurred by the community when young people become ill, miss school, perform poorly and drop out due to undetected and untreated illness. In addition, some health care costs may be offset in the long run by the reduction in emergency room visits, necessary medical care, teen births and low birth weight infants.

Q. Aren't SBCs wasting money by duplicating already existing services?

A. Clinics are opened where a significant amount of unmet need is discovered—where existing services are insufficient or not effectively reaching teens. Therefore, SBCs do not duplicate existing services. Moreover, a good school-based clinic improves existing services in the community by linking them through referral and program cooperation with the schools and the students within the schools. This broadens these programs' outreach and impact.

Q. Won't the family planning component in the SBC sanction promiscuity?

A. Research data indicates that SBCs do not promote or increase sexual activity. In fact, most teens who use school-based clinics or other clinics for birth control services have already been sexually active for several months, typically at least nine months. School-based clinics provide counseling which encourages students to reflect upon their decisions, recognize their right to say "no" and abstain, and consider discussing their situation with their parents. If young people still decide to become or remain sexually active, clinics work to provide safe and effective contraception.

Q. Aren't school-based clinics really "sex clinics?"

A. School-based clinics are comprehensive health clinics. They address the health needs of adolescents. Most of these needs are not at all related to sexual activity: generally, 75-85% of visits to SBCs are for reasons other than family planning, reasons such as chronic and episodic care. However, health care does not stop at the waist. Teens, like other human beings, sometimes have important questions and needs regarding their sexuality and thus require a complete examination or consultation addressing all those needs that are important to them.

Q. Don't clinics "push" contraceptives?

A. Clinics do not "push" birth control. They counsel students, examine them, and if students decide to engage in or are already engaged in sexual activity, they educate them about birth control methods. Clinics then either refer students to a family planning clinic, prescribe a birth control method, or distribute contraceptives. Staff members periodically conduct follow-up examinations on each student to determine whether the student has any questions, has encountered any difficulties, has continued use, and/or needs an additional check-up.

Clinics recognize that many young people do not have sex and should be supported in that decision. Clinics also recognize that other teens do have sex and should have the opportunity to protect themselves from pregnancy.

Q. Do school-based clinics promote and perform abortions?

A. No school-based clinics perform abortions. SBC practitioners adhere to standards of medical ethics which state that pregnant patients are entitled to know about all their legal options. Many clinics refer pregnant students to other agencies for counseling.

Q. Aren't SBCs overrated? Can't you achieve the same results from other health programs?

A. SBCs cannot solve all the problems that currently beset adolescents' health, education and welfare—nor can any program. There certainly remains a need for other types of programs to serve youth.

Nevertheless, SBCs represent an exciting concept, and they do have special advantages: due to their convenient location in schools, their focus upon adolescent health, and their provision of consolidated services, they effectively serve many teens. They seem to develop positive and lasting connections with teens, thus enabling them to provide high quality, consistent care in addition to education, counseling and support.

Chapter 5:
WORKING WITH THE MEDIA

In its infancy, the school-based clinic movement grew modestly. During these early years, communities were discovering their adolescent health problems on their own and designing their own solutions. However, as SBCs have burst into bloom all over the country, they have attracted a great deal of media attention. One person involved with implementing SBCs commented,

> *If you're going to implement a school-based clinic, be sure to buy blue shirts . . . you're bound to be on TV.*[1]

You should anticipate media attention also.

BUILDING RELATIONSHIPS WITH THE MEDIA

You should consider establishing relationships with the media now, during the implementation process, so that you will be familiar with the "players" later on. Moreover, as noted in the previous chapter, you can also use the media to help increase community awareness of adolescent health needs.

ESTABLISHING ROLES AND RELATIONSHIPS

You should develop clear rules for initiating contacts with the media and responding to its inquiries. The Planning Group, the Community Advisory Group, the school, and other groups who have supported your efforts need to know the lines of authority regarding responses to any media inquiries:

- Identify the spokesperson for your group. This will most likely be the facilitator, who has the best overall perspective on your efforts.
- Make sure the Planning Group, the Community Advisory Group, the school and other related groups understand the organizational philosophy regarding relationships with the media.
- Provide them with any materials you prepare for the press.

DEVELOPING AN INFORMATION KIT

It is useful to create an information kit which includes materials that provide clear answers to the most commonly asked questions about adolescent health and your program. It can include materials such as:

- newspaper clippings,
- excerpts from books and pamphlets which argue your case,
- your own official statements regarding your intentions and programs,
- a fact sheet which cites local (or national) adolescent health care statistics,
- an endorsement list which identifies your sources of community support.

WORKING WITH THE MEDIA

Locate reporters, producers and editors with a reputation for being interested in programs like yours. There may be a health or lifestyles writer who has written enthusiastically about other teen health issues, or a newspaper editor who has previously voiced support for innovative programs for teens.

Also, become aware of those journalists who have a propensity for sensationalism and be especially cautious when working with them.

As you collect your material on adolescent health needs, share that material with media sources and encourage or help them to write stories. Then, as your clinic plans become more clear and support grows, also share this information with appropriate media representatives. It is important that these media representatives recognize and observe the amount of community work and planning you are doing now during the early stages. After the clinic is well established, continue to share good news with your friends in the media. (See Chapter 13, Maintaining Community Support.)

IDENTIFYING ARTICULATE SUPPORTERS

Keep a list of community leaders, parents, students, etc., who are not only supportive, but also willing to appear before the media to voice their support if needed.

RESPONDING TO MEDIA INQUIRIES AND EVENTS

ANTICIPATING CONTROVERSY

Do not get caught by surprise. Most of the so-called controversial issues are well-known (parental consent, family planning issues, the proper role of schools), and these are the issues the media will pursue. As you develop your strategy early on, and as you work on your information kit, you should frame responses to these issues. (See the previous chapter for possible answers to common questions.)

RESPONDING TO MEDIA CALLS

Generally, it is wise to respond in some way to media calls. Avoiding calls from the media entirely or leaving the impression of a "no comment" response will unnecessarily create suspicion.

When you respond to a reporter's phone call, you have a range of options:

- Send an information kit.
- Refer a reporter to another agency which can also answer some of the questions.
- Provide limited information but no comments for quotation.
- Provide considerable information and comments.
- Work closely over time with a reporter to produce a very good story, if possible.

Which option you choose will, of course, depend upon your knowledge of the reporter, the questions being raised, the amount of support in your community, your available time, and other factors.

If you do not want to be quoted by the media, then ask before saying anything, "Is this for background only, or for quotation?" and establish the ground rules accordingly.

ASSESSING AND RESPONDING TO MEDIA EVENTS

After one or more stories appear, you need to decide whether to respond. When making that decision, ask yourself these questions:

- Is the publicity favorable and accurate?
- Does it convey personal opinions or policy statements?
- Is it an isolated piece or part of a concerted effort?
- Would a response aid your efforts by clarifying concerns or would it simply fuel the fire?

If the stories are accurate and positive, you may want to share your perceptions with those reporters—reporters rarely receive such approval and certainly appreciate it.

If the stories are inaccurate or negative and you choose to respond, you should follow standard procedures:

- Inform everyone involved in the SBC implementation process about the media events in question. Tell them what you know and make sure that they let you know anything they learn.
- Use the spokesperson. If the clinic is already open, you must insure that the clinic staff is appropriately insulated from the press in order for services to continue. Staff members should forward all media calls to the designated spokesperson.
- Do your homework. Get the facts straight and organize your arguments. This is especially important if you are on radio or television. Because radio and television interviews are ordinarily very short, identify beforehand three or four major points you wish to make or objectives you wish to accomplish during your appearance and concentrate on them.
- Determine the vehicle for your response—
  1. a letter to the editor intended for publication, which succinctly voices your position
  2. a private, not-for-publication letter to the reporter or editor, or a meeting in which you correct errors and elaborate on your position so that future articles by that person are more informed
  3. a radio or television interview with your spokesperson
  4. additional interviews with other supporters that you have identified in your community

Many media events are isolated events. If there are a series of major stories, or if several different news sources focus upon the clinic simultaneously, then you should consider getting help from a professional media consultant, other school-based clinics that have successfully handled publicity, and the Support Center/CPO.

You should also keep a library of all media coverage. Newspaper clippings, videos and magazine clippings will help you learn from your mistakes as well as assist you in keeping a record of positive media contacts.

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1. Thomas Berkshire, during a speech on school-based clinics at the 1985 Annual Conference on School-based Clinics, Chicago, 1985.

Chapter 6:
GAINING SCHOOL APPROVAL

APPROACHING SCHOOL AUTHORITIES

The school system in your community may consist of a handful of familiar colleagues with whom you can easily confer. On the other hand, it may represent an impersonal, intimidating bureaucracy. Consequently, the process of seeking out and winning over school authorities may last as long as one or two phone calls, or longer than any other step in the implementation process.

Whether it takes an afternoon or many months, gaining the support of school officials is crucial. Clearly you cannot go into a school system or school that does not want you there. Even if a higher governing body has given its blessing, a clinic based in an unwelcoming school or school system would have obvious difficulties.

PREPARING

Before you begin your efforts, there are a few issues to keep in mind:

- As you meet with formal school authorities, questions about clinic design, services to be offered, funding, and budgets will inevitably arise. Thus, you should read the following three chapters in this guide and think through some of the issues they raise before completing some of the suggested tasks in this chapter. That is, some of the activities described in these four chapters need to be completed simultaneously.
- One of your primary activities as you build school support will be to listen, just as it was when you built community support. When you meet with educators and administrators, ask them to identify the problems and the solutions, and listen to their answers. But, of course, also share with them what you have learned about the health needs of adolescents in that community.
- Remember that you are a visitor and that visitors respect their hosts' rules. Although you have a marvelous service to offer and equally marvelous reasons for offering it, you must collaborate with school authorities. No one appreciates outsiders telling them about their problems and informing them about the ways to solve them.
- Be prepared to go somewhere else if your first choice of schools seems an impossible dream. Public schools are especially sensitive to their community's moods. If, after meetings and presentations and endless discussions, certain school officials remain unimpressed and wary, you may experience more success at another school—continue to review your site selection process. An open, operational clinic will be more effective than a stalled proposal for a clinic in another neighborhood. And, after a clinic is open and effective in one school, opening a clinic in other schools is often much easier.
- Ideally, your encounters with educators and administrators will have such a positive result that eventually *they* will come to *you* for assistance on a school-based clinic or some other initiative.

WORKING YOUR WAY THROUGH THE SCHOOL APPROVAL PROCESS

The way in which you proceed toward your goal of approval depends upon the direction and orientation of your implementation process. Communities are often introduced to the possibility of school-based clinics through organizations and individuals within the community—"unofficial channels." Some areas, on the other hand, encounter such programs after the school board has approved a plan or a school superintendent has mandated a program—"official channels." We will discuss these two different situations—building from the bottom up and building from the top down.

BUILDING FROM THE BOTTOM UP

In many respects, building support from the bottom through to the top of a hierarchy is slow, but it also has clear benefits. By talking with the people who constitute the many levels of a school system, you learn how that system works and how to work better with it, and in turn, you are more likely to gain genuine approval from those within the school hierarchy. You will also increase your awareness of the various perspectives offered by individuals, thus helping you to devise an SBC program sensitive to the mechanisms at work around it.

Selecting a School Liaison. School systems, like other institutions, often seem like uncharted territories. To navigate effectively through these regions, you may need to identify an experienced guide who knows the region well. We will call this person the School Liaison.

Look for someone who is recognized as knowledgeable, who can discuss the actual, rather than supposed, power mechanisms within the system. This person may not necessarily be an individual of reputed power, but may be a veteran school nurse, high school teacher or school board aide who has seen administrations as well as generations of students come and go. Identifying this individual can prove challenging and somewhat risky. For your School Liaison, you not only need a knowledgeable school commentator, you also need an SBC supporter who will be willing to continue his/her efforts in light of potential opposition. Your previous conversations within the community may have already helped you identify a person from the site you are most interested in. That person may already belong to your Planning Group. In any case, take time to find the right person, for he/she will play an important role.

Defining a Role for the School Liaison. The School Liaison will have several roles:

- Information Source—First and foremost, your School Liaison will be your main source of information about the school environment, climate, and atmosphere, and will share with you the various philosophies of key individuals in the school.
- School Contact Person—The liaison will introduce you to other people in the school system with additional knowledge. Eventually this kind of contact should lead you to the people who make decisions within the school.
- Research Assistant—Once the initial discussions have taken place, make sure you provide the liaison with a specific project and defined responsibilities. He/she could gather school-specific data and might be an invaluable documenter of need within the school.

Meeting With the Principal. As you work with your School Liaison, you will eventually reach the point when the next logical person to see and talk with is the school principal. When you build support from the bottom up, you rely upon the principal to

- approve your SBC plan in his/her school;
- help direct you through the "official" approval process—superintendent, school board, board of education, etc.

This scenario may not necessarily prove true in your school system, for every system varies. In some districts it is wiser to meet with school superintendent before meeting with the principal. With the help of your School Liaison, you should learn about the proper channels to take.

BUILDING FROM THE TOP DOWN

Since school-based clinics are community-based programs, they work particularly well when initiated at the grassroots level. However, sometimes the higher levels of a school system first learn about school-based clinics and decide that one of their communities or schools absolutely needs a school-based clinic. Moreover, some states are also initiating support for SBCs and encouraging communities in need to seek state funds.

Once such a "blessing from above" arrives in a school district or school, a single person should immediately be appointed the overseer (facilitator) of the project. Otherwise confusion results as various interested parties jockey for position. The facilitator should basically follow the steps outlined above for a grassroots, "bottom up" organizer. Even if the school board loves the idea, it is still vitally important to know how other players within the community feel. Consequently, the facilitator must make community and school contacts, build an Advisory Board, and if necessary, select a school site and identify a school liaison. Chances are, the principal already knows about the SBC proposal. Quickly involve him/her in your efforts and demonstrate your willingness to confer.

MEETINGS WITH HIGH RANKING SCHOOL OFFICIALS

You might need to meet individually with the superintendent and school board members. They may be eager to learn about school-based clinics. Demonstrate your willingness to answer questions regarding the potential of SBCs. Encourage them to seek answers from experts such as other school-based clinic practitioners. Also encourage them to visit an already existing SBC.

Your first meeting with the superintendent or a school board member should be like other meetings in which you have lobbied for support—private, relaxed and informative. By the time you finally make it to the superintendent's office or to a meeting with a school board member, you should have strong, vocal support. You should also

- have a sense of the kinds of questions you will be asked and the kinds of answers you are going to provide;
- be prepared to discuss the possible legal and contractual arrangements your agency would make with the school district;
- have identified some sources of funding or even obtained some funding.

FORMAL MEETINGS

At some time during the approval process, you may be asked to participate in a formal meeting, such as a PTA meeting, school board meeting, or perhaps even a meeting with the Board of Education. Try to avoid participating prematurely in public forums and formal meetings. The basic rule is to attend only those meetings for which you are ready. It may be perfectly acceptable to say you need more time before meeting with groups, the media, and school authorities.

Public meetings are often positive, sometimes difficult, and occasionally both. If they are open to the general public, then special interest groups (often not from the school area) may stage an organized opposition which might receive inordinate attention by the media. If the meetings include elected officials, then substantive discussion may devolve into political grandstanding.

However, these meetings do not automatically spell disaster. After all, you can learn from public meetings. You can receive input from, as well as provide information to, interested individuals and organizations. But in order to help insure that the meeting is an educational forum and not a circus, you must prepare carefully.

- Gather and organize your materials. Make sure you have facts and figures at hand. One-page fact sheets often serve as powerful visual aides to back up verbal presentations.
- Ascertain the identity of participants. Who are the school board members? Who are active PTA members? What are the "world views" of notable participants? Are the people asking questions at a PTA meeting parents of students attending the school in question?
- Anticipate questions and prepare answers. Before you go to the meeting, have an idea of the particular concerns which will be addressed. Do not come with a script of written answers. You believe in the program: be prepared to speak with commitment and maintain spontaneity.
- STAY CALM AND ENJOY YOURSELF!

EDUCATING EDUCATORS ABOUT SBCs

Schools exist to educate students, and school-based clinics are a new program facilitating this process. Yet, school authorities are constantly bombarded with new programs relating to educational reform. With the recent trend toward statewide initiatives to encourage academic excellence and to increase the range of services provided by schools, many school officials have grown more resistant to "innovations," especially those which overextend the burdens of their educational mission. Sometimes it seems as if their power to get things done is in inverse proportion to the number of things to do. (Sound familiar?)

In this climate, you wish to introduce another program, one that seems to imply that schools should become social service and medical facilities in addition to educational ones. Of course, this may not be an accurate depiction; nevertheless, but it might be the way in which your proposal is regarded if you fail to appreciate the perspective of your colleagues in education. Before meeting with school authorities, orient your presentation toward their needs and concerns. Think about the following questions:

- How do SBCs facilitate the educational process?
- How do SBCs fit in with and enhance existing health programs in schools?
- What kind of responsibility, liability and extent of control does the school have concerning an SBC in its building?

SBCs AND EDUCATION

Inform educators that SBCs assist the school's educational function in many different ways.

Improving Attendance. The convenience of clinics will lessen the number of school absences for medical appointments as well as for illnesses that normally keep a student out of school but can be treated and monitored by the clinic staff while the student remains in school.

Improving School Performance. Healthier bodies make healthier minds. Clinics detect health problems which might, without detection, interfere with school performance.

Improving Graduation Rates. Healthier students are more likely to stay enrolled in school. In the case of pregnant and parenting students, clinics can also provide additional support (prenatal care, counseling, day care) which can improve these students' chances of graduating.

Addressing Behavior Problems. Behavior problems disrupt the individual student's life, as well as the class attendance. Clinics can assist schools with students who have behavior problems by providing counseling and referral services.

Involving Parents in the Educational Process. A clinic contact with parents can lead to a more genuine parent-school relationship, especially if the health problem in question affects school performance. After all, parents sometimes respond more readily to a concern voiced by health personnel than they do to a teacher's note.

SBCs AND EXISTING SCHOOL HEALTH PROGRAMS

Let educators know that SBCs enhance existing school health programs.

Assisting the School Nurse. SBCs do not replace the school nurse but enable him/her to serve studentsmore effectively. Currently many school nurses feel frustrated. Surrounded by enormous medical needs, they sometimes can do very little because of time and legal constraints. With school-based clinics, nurses can still work within the regulations, but through referrals, will be able to see a greater number of positive results. Nurses will also have the time necessary to attend to other school responsibilities such as health assessment and record keeping.

Improving Health Education. The clinic staff can assist in the health curricula development and teacher training. It can even expand current health education programs by visiting classrooms and giving special presentations.

Extending Current Medical Services. Schools can go one step further with their current responsibilities for immunization and sports physicals if an SBC is available. If students are not already immunized, they can quickly become so; if athletes need physicals, they can get them right in the school itself.

Extending the School Health Network. Clinics will develop relationships with other medical and social services in the community, thus broadening the resources available to the school when it is attempting to help its young people with issues outside the normal scope of its expertise. Many schools will already have established relationships with other agencies; in these instances the clinic can coordinate efforts among agencies.

Coordinating Already Existing Health Activities. Clinics can sometimes manage activities that are ordinarily the burden of the schools, such as immunization and health education programs, thereby reducing a school's work load.

SBCS AND SCHOOL ADMINISTRATION

Educators will want to be reassured about their level of responsibility for and authority over SBCs.

Limiting the School's Responsibilities. In most cases, school-based clinics are run and managed by outside agencies. Day-to-day provision of services is provided by a staff hired and supervised by these agencies. And these agencies are ultimately responsible for the kind and quality of the services. The most common responsibilities of the school are to provide in-kind support (space, furniture, security, maintenance).

Liability. Technically, the clinic's sponsoring agency is the medically-liable party, and thus it should take steps to insure its staff. However, individual staff members are often covered by other policies. If a doctor or other staff members are affiliated with a hospital, then they are covered by their hospital's malpractice insurance. Theoretically, schools are only liable for their in-kind donations, such as space and furniture.

The kinds of services provided by school-based clinics are mainly preventive; few activities are invasive. Therefore, liability should not be a major issue. Nonetheless, precautions should be taken. Representatives from the sponsoring agency and the school administration should consult a lawyer to determine appropriate levels of insurance. And the clinic staff should determine emergency procedures.

Respecting School Rules and Regulations. Even though the school does not run the SBC, the SBC is subject to and respectful toward school policy. Before the clinic opens, the sponsoring agency of the SBC and the administration will devise a formal agreement outlining the nature of their relationship. The staff of the SBC will comply with these rules and will confer with the school administration on a regular basis.

All of the above issues should be touched upon at some time during your discussions with school authorities. Yet, you need to do more than simply repeat to them what you have read. Throughout your conversations, demonstrate your awareness of their objectives and the obstacles they encounter. For instance, when talking about the school nurse, recognize the special problems confronting him/her; when talking about health education, recognize the difficulties of developing curricula under the budget constraints and amidst conflicting opinions regarding the relative importance of various school subjects.

School authorities also need to be reassured about the reputation of a program. They are administrators, not health practitioners. Give them the facts about the success of SBCs.

FINALIZING SCHOOL APPROVAL

Final school approval occurs when a formal contract is signed between your sponsoring agency and the school district. Such a contract should

- identify the proposed school site and define the space in the school occupied by the clinic;
- explain what renovations will be handled by the school if the clinic requires such renovations;
- spell out the cost associated with the use of the space (rental lease) and define options for renewal—usually a five year minimum, when possible;

- address on-going costs for maintenance and utilities associated with the space;
- describe specific services to be made available by the school system (All in-kind contributions should be assigned a mutually agreed upon dollar amount for future budgetary purposes.);
- delineate the authority of school officials vis-a-vis the sponsoring agency;
- spell out services to be offered in the clinic and the minimum level of liability coverage that the sponsoring agency should have;
- describe parental consent requirements.

A sample school contract is provided in Appendix G.

Chapter 7:

DESIGNING THE CLINIC

Congratulations, you have now received necessary approval for your school-based clinic! All the community networking, bureaucratic politics and fundraising efforts, which have consumed most of your waking moments, were done in the hopes that just such approval would result. However, community and school approval, crucial as it may be, is merely permission to begin the process which will more directly influence your success—you now need to design a school-based clinic program which lives up to your expectations and the expectations you marketed to others.

As you design your clinic, you will, of course, not be doing so in a vacuum. Many of your decisions will be influenced by your Advisory Board, the community, school authorities, and other agencies that will help you provide services. Some of your decisions may need formal approval from school authorities.

We cannot emphasize enough the importance of your clinic design, not just the physical plan (though that is important), but also the design of care—how you will deliver health services to the young people in the school community.

If designed well, an SBC may elicit remarks such as those following, one by a student in Florida, one by a Chicago parent:

> *. . . I feel like it is a good idea that someone for a change can see from the students' point of view.*
>
> *. . . these programs [are] a step toward a better future for our kids.*

In some respects, providing health care in a school-based clinic is similar to providing health care in other medical settings, but in other very important ways it is quite different. After all, unlike most medical settings, a school-based clinic is located on the school grounds and it serves primarily adolescents. These two differences have major implications for the design of services. For example, care should be more holistic, and parents must provide their consent.

COMPONENTS OF QUALITY CARE IN AN SBC SETTING

THE IMPERATIVES

In order to establish an effective program, several "imperative" features must be incorporated.

Parental Consent. Because the clinic is serving youth on the school grounds during the school day, parental consent should be obtained. Moreover, one of the goals of clinics is to support families and involve parents, and obtaining parental consent is an essential part of this policy. Designing parental consent procedures is discussed more fully below.

A Holistic Approach. SBCs do not merely offer medical services in response to isolated medical conditions: they attend to the needs of the whole adolescent. Too often health care is splintered among a variety of specialists who fail to integrate their services. This is especially inappropriate for adolescents, whose rapid growth and development make them subject to a variety of inter-related health problems. Drug abuse, for instance, is not merely the result of taking too many drugs, but often results from low self-esteem, stress or family problems.

Consolidated Services. To the extent feasible, include many services in the clinic. This way students will use the clinic for a wide variety of reasons and will not have to travel to less convenient sources of medical care for additional treatment.

A Caring and Multi-Disciplinary Staff. No program, regardless of funding, sophisticated services or spacious waiting rooms, will enjoy success without a caring staff. The qualities and skills of an SBC staff are so fundamental that Chapter Ten is devoted to helping you find and train appropriate staff.

If a clinic professes a holistic approach to medical care, then its staff must be able to provide a variety of services. Since most clinics do not have enormous staffs, each staff member should be somewhat of a "Renaissance" person. Staff members cannot "merely" be specialists; they must be versatile, willing to deal with emotional and psychological as well as physical conditions.

Adequate Time. It is important to spend adequate time with each patient, especially during the first visit. Trust is built over time. If you spend time at the beginning, a young person will be more likely to return for additional attention (both medical and social). In addition, only by allowing appropriate time during a visit can the provider acquire a true sense of that patient's current and future needs. The staff must educate patients so they will become more aware of how their bodies work and will therefore know when they should visit the clinic—what symptoms, concerns and questions merit clinic attention.

Intense Follow-up Procedures. Clinics which experience the greatest amount of success have implemented rigorous follow-up procedures to enhance the quality of their care. After all, even adults have trouble remembering to take prescribed medicines and to return for check-ups. Every treated student is expected to return for a follow-up examination and should be notified when that appointment comes due. Institute a policy of written appointment cards which would include a rationale for a return visit. Missed appointments should be followed up by the social worker, the school nurse or another member of the clinic staff.

Cooperative Relations with Other Agencies. Your previous efforts to establish relationships within the community and school system were not taken merely to obtain approval. You now need to incorporate into your SBC program all the services which various groups can provide. In order to make interagency services and referral work well for your school population, you must learn to work cooperatively and efficiently with other service providers, so that students actually get the care needed and that you actually receive a precise record of that encounter.

Comprehensive Monitoring Systems. A quality SBC program must maintain day-to-day monitoring systems. Such record-keeping systems are not useful merely for programmatic reasons: the information they record will prove invaluable when you seek additional funding. At the minimum, a clinic should document the number of visits and encounters, both overall and for specific purposes. If possible, the clinic should also document the percentages of patients who follow specified health routines (compliance rates) and the length of time the routines are continued (continuation rates). Take into account now the types of record keeping systems and forms you will use and the time that will be required for such maintenance.

INTERVENTIONS

As has been emphasized several times so far in this manual, school-based clinics are more than places where teenagers can get medical services. Therefore, you need to devise integrated, creative interventions or programs, which manifest your understanding of adolescent health care and are sensitive to your school population's needs.

CONDUCTING A NEEDS ASSESSMENT

In order to tailor innovative services to young people you need to assess their needs. When you were selecting sites, you began to collect statistics concerning the health status and needs of adolescents in your community. Hopefully, you managed to find some statistics pertinent to your school site. These statistics provide you with at least a sketchy picture of your school population and will act as a guide to developing the more comprehensive needs assessment you now need to undertake.

Collecting More Local Statistics. You may already have many local statistics at hand as a result of your conversations with school authorities and community members. At this point, you may want to improve upon these statistics. If you have not already attempted to find school- or neighborhood-specific data regarding the health status of your target population, do so now. Ask your School Liaison to investigate school records, talk with the school nurse and inquire at neighborhood clinics and hospitals which might serve the families of the school population.

Surveying Students and Parents. Ask the young people themselves what their needs are. Although health surveys rely upon self-reporting and therefore are not scientifically perfect measures, they do provide useful information. Keep in mind when interpreting the surveys that sometimes what is not said is just as important as what is said. For instance, if other sources show high rates of sexually-transmitted disease among teenagers but teenagers do not cite STDs as a major concern, it might imply that they need information about STDs and STD detection.

Although young people are a good source of information, their parents can often supply additional information regarding childhood diseases, medical histories and needed medical care. Thus, you may want to survey them as well. Depending upon your community, this survey about specific health needs might be conducted in place of, or in addition to, the community survey discussed in Chapter Four on building community support.

If you have not previously asked parents, be sure to ask them now which services they would like to see included in the clinic and which services they would *not* like to see included.

Following are suggestions for developing and administering these surveys for students and parents:

- Review several examples of health surveys in order to get a feel for the format, wording and content. Adapt them to your community. A sample parent survey is included in Appendix D.
- Include questions on each student's health history and questions about whether health needs are being met by existing services.

- When designing the student survey, take into account their reading capacity and the time available for administration of the questionnaires.
- Always pretest your surveys with small groups of students or parents before administering them.
- Be aware of the sensitive nature of some personal questions—be sure they do not offend anyone and be especially certain that all questionnaires are completed anonymously. During the survey administration, be careful to prevent students from seeing each other's answers.
- Once you have collected the questionnaires, collate the data and translate it into language that is understandable and accessible to everyone.

DESIGNING POSSIBLE INTERVENTIONS

After you have completed your needs assessment, you should make a list of core health needs and concerns which were most often identified *and* which a school-based clinic could reasonably address.

You should then collect more information on possible interventions to meet those needs.

- Go to the library and look in health journals for descriptions of innovative programs dealing with your core health needs.
- Consult with specialists in the field to identify exciting programs.
- Meet with your Planning Group and members of your Advisory Board who are knowledgeable about health and adolescents. Taking into account all the statistical and anecdotal information you have gathered over the past months of community organizing and the individual expertise you have located, devise a tentative list of interventions.

Unlike services, which generally remain the same from one comprehensive clinic to another, interventions vary as much as their clients' needs. They are flexible and changeable. They develop as "clusters" of services. For instance, if your needs assessment uncovered a large number of injuries resulting from gang violence, and if you decide to truly address this problem, then you need not only first aid care for those injured, but also counseling sessions on gangs, perhaps an employment program to provide alternatives to gang members, and possibly other programs. Similarly, if you decide to address sexually transmitted disease, then you may need an STD education component which would encourage abstinence or use of condoms, an educational component that would help sexually active students detect symptoms, a clinic capability to do STD screenings, and the capability to provide or arrange for medications.

We cannot stress enough that interventions, to be truly "interventions," must confront their stated problem head on. Handing out a list of addresses for STD clinics in the community does not constitute an intervention, merely a service. Interventions intervene—they dig down to the source of the problem and focus on causes as well as symptoms.

Below are a few examples of the way a set of services can be grouped and delivered to make a difference. You may find that for a variety of reasons your program cannot initially implement all the interventions needed. Don't worry, programs are built over time.

NEEDS	SERVICES
Acute illness	primary health care health education laboratory screening
Gum disorders, cavities, dental care	dental services dental care workshops nutrition education
Stress, behavioral problems	psycho-social counseling family counseling stress workshops substance abuse counseling
Sexuality, pubertal development	sexuality education counseling gynecological exams referrals for prescriptions or contraceptives follow-up exams for oral contraceptive users STD tests pregnancy testing
Drug, alcohol abuse	medical treatment individual counseling workshops, group counseling

(See Appendix C for a comprehensive list of services commonly offered at school-based clinics.)

OTHER DESIGN CONSIDERATIONS

There are a number of other issues or factors that you will need to consider as you design your clinic.

Student Population. Will you serve only students in the school, or also other adolescents who live in the area? If you have a high rate of teen dropout and unemployment in your community, you might wish to consider serving teens outside the school. Doing so generally requires that the clinic be located in a separate building on the school grounds. Also, you will want to consider special interventions for these teens, interventions such as employment counseling, GED instruction, etc.

Hours. What hours will the clinic be open? Will it be open during the summer? Who will provide services on evenings and weekends? If an SBC aims to be the primary care provider for the school population, then you must guarantee continuity of care. The sponsoring agency should identify a hospital or community clinic to be used as the emergency back-up during clinic hours and as the off-hours care provider. Students should be made aware of the procedure to follow if they need care when the school clinic is closed. Some clinics link their phone lines directly to the alternative provider; at the least, you should ensure that a taped phone message will instruct callers how to contact the alternative provider. Off-hours care must be accessible and unintimidating.

As for the summer, there are a number of scheduling possibilities an SBC can follow. It can

- remain open all summer;
- close during the summer but maintain ongoing service at another location, such as a community clinic or a hospital;
- consolidate several clinic programs at different locations into one location;
- remain open during the summer, but reduce staffing to reflect diminished need;
- focus on sports physicals during the last few weeks of summer, thereby eliminating overcrowding at the beginning of the school year and providing a few weeks of preparation time for the staff.

Which schedule is chosen often depends upon budget, staff arrangements, program size, degree of need, accessibility of other services, and the school district's permission.

Walk-ins. Many adolescents do not plan visits to their school clinic—they tend to "show up" when a medical need seems serious enough. Consequently, when a clinic really strives to serve teens, clinic administrators permit "walk-ins."

If you do decide to permit walk-in patients, you will need to establish procedures to handle them, procedures such as scheduling walk-in slots in place of appointments; assigning a staff person to screen walk-in teens while they wait to be seen; maintaining sufficient staff; developing an agreement with school authorities regarding hall passes for clinic patients; and designing a set of criteria by which teachers can determine when it is appropriate to excuse a student from class to visit the clinic.

Some clinics allow walk-ins only during study hall, lunch period or other free periods when classes will not be missed. Other clinics permit walk-ins when the visit is approved first by the school nurse. Still others only permit walk-in students to stay at the clinic long enough to discuss their reason for a visit and schedule an appointment for later that day, during a free period or after school.

Medication Dispensation Policy. Will you dispense medications on site? Dispensing medications on site has several advantages:

- Students can receive medicine directly upon diagnosis.
- Students do not need to make their way to another location to fill their prescriptions, and thus they will be more likely to obtain and use the medicine.
- The clinic can monitor more closely the students' use of medication.
- The clinic may be able to provide medications at a lower price than that charged by alternative services, especially if there is funding for medications.

However, there are also disadvantages:

- Storing medications in the clinic increases the security risk.
- The dispensing of prescriptions, such as antidepressants, in school might be controversial.
- You will need to establish a careful understanding with local pharmacies.
- Dispensing medications often requires an additional staff member or consultant.

Controversial Services. Will you set up programs which are sometimes viewed as controversial? For instance, will you prescribe or dispense contraceptives? In general, this will depend upon community need and acceptance. If, for example, there seems to be a high teen pregnancy rate and/or only a small number of convenient family planning clinics, and if you dispense other medications, you may wish to dispense some birth control methods on site. You may also decide to delay answering these questions until you have more information about needs once the clinic is operational and well-established.

Costs and Funding. Need we say more? Obviously, the costs of different kinds of services and your available funding affect the design of your clinic services. Always look for ways of obtaining donated or in-kind services. Consider sharing staff and resources with other agencies. Explore ways in which currently available funding and personnel can be utilized in more creative ways. Check with your local health department to see if it will provide in-kind materials and/or services, such as blood and other laboratory testing.

The following two chapters discuss funding and budgets in greater depth.

IN-HOUSE SERVICES AND REFERRALS

DETERMINING IN-HOUSE SERVICE PROVISION

Determining who does what in a school-based clinic depends upon your budget, staff and relationships with other agencies which can provide services. Using outside agencies helps you to enlarge the number and variety of services available to the students; it can also reduce costs if the agency agrees to share staff, or even better, donate its time and services.

The most important rule of thumb when you are establishing your system of service provision is to keep as much "at home" as possible. When working with adolescents, a program must accommodate itself to the adolescent character. Teens need specialized care. For example, if a student wanders into the clinic expressing concern about his eyesight and your nurse practitioner responds by referring him to an agency on the other side of the neighborhood whose next available appointment is the following week, do not expect to see glasses on that young person. That student may become upset at the prospect of wearing glasses, and without transport, no longer motivated to follow through with the vision screening.

Although this certainly does not mean that you should avoid making referrals, it does mean when you do make them, you must have a system which enables you to set up the appointment for the student, track its result, and provide follow-up care if necessary.

Services can be provided in a variety of ways. When placed on a continuum, they can be provided by full-time SBC staff in the school clinic, part-time SBC staff or outside agency staff in the school clinic, just outside agency staff in the school clinic, and outside agency staff in their own agencies (referrals).

With appropriate respect for your budgetary, staff and space constraints, decide which services you can reasonably expect to provide within the clinic itself, whether by your own staff or by the staffs of other agencies which come into the clinic. Only after you have exhausted every possibility aimed at providing in-house, comprehensive services (always look for donated services before you offer to pay), should you look to other agencies for additional services.

SETTING UP INTER-AGENCY RELATIONSHIPS

Establishing a system of service provision requires a lot of organizational ability—striking up relationships, settling contracts, devising communication procedures, managing patient cases, etc.—but the final result is often a sturdy safety net for your clients.

As a result of your community work, you should already have planned several tentative relationships with other agencies. Visit these agencies now and determine the means of provision—shared staff members whose salary you would pay half of, donated staff, or referrals to the office of that agency. Each format requires a special set of rules and regulations and a formal procedure by which your clinic can closely monitor the activities and health outcomes of its referred patients.

If you are in need of services not offered by any of the agencies with which you already have relationships, make an initial contact by phone with several other agencies. Obtain information about their specific services, staff, qualifications, hours and fees. Further contact should be made with the director and formal arrangements drawn up once you decide to make use of an agency's services.

Preparing Contracts. You must set up contracts with old and new friends alike, outlining responsibilities and procedures:

- Create a system of billing and payment, if payment is required.
- Establish liability agreements—bring in a lawyer.
- Determine eligibility requirements for service.
- Create a monitoring procedure to track your students—devise a reporting form.
- Reach an agreement regarding shared staff, if sharing occurs.
- Determine authority. The school-based clinic's sponsoring agency must have ultimate control. Make this clear. Subcontracting can be a wonderful arrangement, but someone must have final control because a situation which at one time appears harmonious may change over time as the staff changes and conditions alter.

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- Establish arrangements for sharing information and controlling students' medical records.
- Identify one person within the other agency who will be ultimately responsible for all your referred clients and whom you will contact on a regular basis for routine information and updates.
- Define for parents respective roles and relationships among the SBC and various other service providers.

The school system is another contractor. You presumably have already written up a separate contract with the school.

Inter-Agency Transportation. When some of your services are located elsewhere, you might wish to consider providing transport. Some clinics use a van to transport their patients to a local hospital when they need to receive medications and X-rays. Whether you provide transportation or not, you must make sure the students get to where they are going. Again, follow-up procedures are crucial to success.

PARENTAL CONSENT AND NOTIFICATION

As noted above, parental consent should be obtained in a school-based clinic. Thus, you need to design your parent consent and notification procedures and forms. The consent form should consist of

- a brief but thorough description of the clinic program;
- a comprehensive, all-inclusive listing of available services;
- a name and number of someone at the clinic to contact for further information;
- a space for a signature of consent.

In most cases, the consent form is distributed to students, who take it home and later return it to the clinic if the parents give their consent. However, some SBCs verify the signature by telephoning the parents. Other SBCs require the parent to come to the clinic in order to sign it. This enables the clinic staff to meet the parents and answer any questions. The staff sometimes uses this time to develop that part of a patient's health history which requires knowledge of an adolescent's early years.

Parental consent can be obtained either once for the duration of the students's tenure in the school, or yearly. While obtaining consent every year is time-consuming, it can enable the staff to interact with parents about the clinic program and offer parents the opportunity to renew their support for the clinic.

Some clinics have encountered difficulty locating parents. Because they work unusual hours, because their children do not consistently live at home, because of many unpredictable situations, some parents do not respond to the consent form. This becomes a particular problem if a child comes into the clinic needing care but is not on the roster.

One clinic addresses this problem by enlisting the school nurse to follow-up on such parents. Another clinic's social worker locates parents and makes positive contact with the parent or guardian, while one clinic hires a "parent facilitator," a part-time employee who lives in the neighborhood and is committed to that neighborhood. He/she works as a family liaison, drawing families into the clinic program.

These efforts are more than treasure hunts for signatures; by locating a parent or guardian, the staff enlists family participation, identifies problems, and obtains knowledge of the family for future reference.

State laws regarding parental consent and treatment for minors vary considerably. Laws in most states guarantee confidential family planning services to teenagers, but a different set of consent rules applies for general medical treatment. It is imperative that your staff be aware of the laws pertaining to your community so that you can decide (within the constraints of the law) what your procedures will be regarding case-specific parental consent.

As for parental notification, all clinics inform parents of serious medical problems—chronic conditions, conditions which involve referral to another care provider, etc. On the other hand, most clinic staffs encourage the students themselves to inform their parents of colds, flu, sore throats, minor cuts, etc. Sometimes the staff sends letters home, notifying the parents of follow-up information. Your staff should determine its own parental notification procedures.

THE PHYSICAL FACILITIES

The physical design of your SBC also reflects your care philosophy. The way you build and decorate the clinic expresses the way you feel about teenagers and the services you provide them.

LOCATION

Whether you locate the clinic inside the school proper or outside on the school campus, near the school's front door or in a third floor corner, try to have a reason for its placement in that particular spot. If you want to serve dropouts, place the clinic in a building adjacent to the school. If you want to facilitate teamwork with the school nurse's office, put it near that office. Also consider the views of the students. If the students think the clinic should be visible and readily accessible, then put it on the first floor if at all possible. If they want privacy and quiet, put it in a less traveled corridor.

Explain to school authorities that the placement of the clinic is a message and therefore should be a good one. Avoid mobile units that travel from school to school: their sudden appearance and disappearance make it difficult for students to grow accustomed to services and accept the SBC program.

FLOOR PLAN

If your space constraints allow, try to provide a separate waiting room and examination room. An ideal design might include a waiting room, several examining rooms, counseling rooms, a lab, staff offices and possibly a separate day care center some distance from the other rooms.

Here are some other suggestions:

- Keep physical barriers to a minimum to emphasize that all barriers to health care (fear, inaccessibility, etc.) are diminished in an SBC. Make sure that handicapped patients have easy access to clinic facilities.
- Design the waiting room so that you can handle walk-ins as well as appointments: provide a suitable amount of seating space.
- Be sure that examination rooms are truly private, so that no one can see into them or hear conversation from within them. Also, use all examining rooms for various purposes (e.g., do not single out one room for drug abuse counseling).
- Emphasize confidentiality and privacy by keeping medical records out of sight and by placing locks on bathroom doors so that patients can lock the bathroom when they are using it.
- Ensure the security of medical records, medications and expensive or dangerous medical instruments by planning secure storage areas and budgeting for quality locks on a few cabinets and doors.

INTERIOR DECORATION

When decorating the clinic, keep the students in mind, not only so that you will please them, but also so that you will be able to enlist their support. The best guarantee that a clinic will appear attractive to teenagers is to have teenagers decorate it themselves.

Here are some specific suggestions:

- Paint the walls with bright colors; use posters and photographs that would interest teenagers.
- Provide reading material that would encourage teenagers to read. Set up a pamphlet library in the corner, well stocked with informational pamphlets answering questions most often asked by teens. Include material on topics such as sexuality, suicide and child abuse—by making these materials available you imply that it is okay to talk about such things in the clinic and with clinic staff.
- Organize welcoming seating. Don't line up long rows of chairs side by side or around the perimeters of the waiting room walls; place chairs in conversational clusters or around a table filled with magazines.
- Position the receptionist in an open area of the waiting room, not behind some window or half-wall. Placement within the waiting room encourages interaction between the receptionist and patients and enables the receptionist to screen students while they are waiting to be seen.

Chapter 8:

OBTAINING FUNDING

Money is the bottom line for a clinic program. While success typically depends on intangibles such as community support and quality care, funding is an absolute prerequisite for a program's existence. Fundraising transforms a good idea into an operational program that serves the community. The fundraising process also presents an opportunity for you and supportive public and private agencies to test and demonstrate whether a real commitment to adolescent health exists in your community.

The fundraising campaign typically consists of the following steps:

- determining whether a feasibility/start up grant is needed
- identifying potential funding sources and in-kind contributions
- writing a program proposal and budget
- presenting the program to potential funders

GETTING A PLANNING GRANT

You may not be in a position to plan both an SBC program and a major fundraising campaign without immediate funding. Since some SBCs have taken one to two years to become operational, it is not unreasonable to pursue a planning grant.

WRITING A PLANNING GRANT PROPOSAL

If you need funds to finance your planning time, a brief proposal for local private foundations should describe how you will investigate the following components:

- building community support, especially the Community Advisory Group
- collecting local information on adolescent health;
- selecting site(s)
- conducting a needs assessment
- developing a long-range fundraising campaign
- identifying in-kind contributions

The planning budget should include the items below:

- staff time
- fees for one or more consultants
- travel expenses—one or more visits to an operating SBC and/or attendance at an SBC conference
- expenses for meetings and conferences
- telephone and miscellaneous expenses
- overhead and administrative costs
- costs of materials and other publications

IDENTIFYING FUNDING SOURCES

You need to find out which funding sources are out there, who can tap them, what the rules are for using them, and how to secure them. Your funding search should embrace both private and public sources.

PRIVATE FUNDING SOURCES — FOUNDATIONS

Gathering information on foundations is an important first step. You need to know which foundations share your interests so that you do not apply to a foundation that does not award grants in your area.

To identify foundations and their areas of interest, you should contact The Foundation Center's New York office [(212) 620-4230]. It will help you identify the library in your area which houses Foundation Center resources. The Foundation Center, funded by private foundations, assists potential applicants in identifying appropriate foundations for particular proposals. It publishes a variety of helpful materials available for purchase and at libraries.

Among these materials is *The Foundation Directory,* which provides information on the nation's largest foundations—those with assets of $1 million or more or which have annual grants of at least $1,000. The directory has a geographical index, an index divided into types of support (endowments, capital support, seed money), and a subject index. Each index indicates which of the foundations give grants on a national basis and which limit their giving to the state or city in which they are located.

"Comsearch Printouts" can also be purchased from The Foundation Center. These printouts list foundation grants of over $5,000 in specific topic areas, such as health. The grants are grouped geographically. The main office of The Foundation Center also maintains microfiche of foundations' tax records, thus enabling you to find out who their current grantees are and thus the kinds and amounts of grants awarded. If you are not near one of these Foundation Centers, write to the individual foundation itself and request an Annual Report.

The Foundation Center also maintains a collection of books published by others which list foundation giving by states. The kind and amount of information provided varies from book to book.

Whether or not your local library contains Foundation Center materials, you should contact it nonetheless to see if it has other materials on local foundations.

PUBLIC FUNDING SOURCES

The process of identifying public funding sources should begin with investigation into those programs that have been used successfully by other SBCs and similar agencies within the community, and should go on to encompass other potential funding sources as well.

People. There are a number of people who can help you identify funding sources:

- Contact professionals in operational SBCs to find out the kinds of public sources they are using and how they obtained them. The Support Center/CPO or the state health department may be able to provide you with contacts if you have not already been in touch with them.
- Contact staff members of state agencies who can explain to you various funding sources. It is not always readily apparent who to talk to—it may take several phone calls before you locate someone who can describe funding mechanisms to you.
- Contact members of state level task forces or members of the Governor's staff who might be working on your issues. These people may have knowledge of funding sources available for particular issues. For instance, if you plan to have day care and your state has a day care task force, that task force may direct you to day care funding.
- Contact a friendly member of the state legislature or staff members of relevant legislature committees. You may want to find out not only what funding sources would be applicable to your program, but also how the agency has reacted to SBCs in the past—has it been flexible and creative in adapting program regulations and rules for grantees? Also, find out who to speak to within the agency.

Materials. A variety of publications that list federal funding sources are available to help you locate public funding. These range from the federal government's *Directory of Federal Programs* to more issue-specific publications developed by national advocacy organizations.

MAJOR FUNDING SOURCES

SBCs have relied on a mix of public and private funding sources in concert with in-kind contributions. Rarely have funds been available specifically for SBC use. More typically, SBCs have had to tap a variety of general funding sources.

PRIVATE SOURCES

Local Foundations. Local foundation support demonstrates local investment in the SBC. Consequently, their support provides funds and may help you secure additional funds from state or national sources. Obtaining funding from a small "family-run" local foundation can be especially beneficial. Such a foundation could become a local advocate and long-standing supporter.

National Foundations. Some national foundations have an interest in SBCs. In most cases, this interest has developed out of a concern for adolescent health and the teen pregnancy problem. Such foundations tend to focus on grants which support either innovative or new approaches to specific health problems within the SBC program framework.

Traditionally, foundation grants are devoted to the initial phase of a program's operation and are rarely used for on-going service delivery. However, since SBCs are often trying out new components and testing new service delivery methods, you can continue to approach foundations for funding of these demonstration activities. We should also mention that foundations usually prefer to be one part of a program's funding base, rather than the sole contributor. Consequently, you should aim to diversify your funding sources, perhaps seeking funding from several foundations and devising private and public collaborations.

PRIMARY PUBLIC SOURCES

Public monies are essential to the ongoing operation of an SBC. Private funders cannot be expected to provide continued support and thus it is best to secure monies from the public sector as well. The following funding sources have been used by SBCs.

Federal. The Maternal and Child Health (MCH) Block Grant (Title V) of the Public Health Services Act was established in 1981 as a consolidation of seven programs in operation since 1935 which were designed to serve children and pregnant women.

Eligibility criteria for MCH Block Grant services are set by individual states. The 1986 fiscal year appropriation for the block grant was $478 million.

In many states, the bulk of the MCH block grant funds goes to local health departments. However, in most of these states at least some block grant funds finance MCH services delivered by public or health care providers other than those connected with the state government.

The application process for MCH grants is relatively simple. Extensive documentation is not requested and proposals may be brief. Because most states do not award project grants on the basis of competitive bids, but work in collaboration with prospective grantees, an SBC should know in advance if it is likely to secure any kind of support.

An important consideration for any SBC is whether the existing local health department staff could become part of the SBC operation. After all, the SBC and Title V missions do overlap:

- Title V providers—most often public health departments—provide comprehensive preventive care services with case management and follow-up.
- Title V providers are required by law to coordinate their services with providers of other federally financed programs.
- Many Title V clinics have significant links to schools, either as consultants on the medical needs of handicapped students or, more generally, as general health service providers.

Community-based health centers developed originally as an initiative under the "War on Poverty" and "Great Society" presidential agendas. Section 330 of the Public Health Service Act established the broad framework for the community health center program which became a block grant in 1981. In 1986, it once again became its own separate program and was removed from the block grant.

Section 330 states that community-based health centers can only be established in those areas which are designated as medically underserved (criteria is established by a federal formula). The centers are required to offer comprehensive services. A special characteristic of the centers is that they are required to have boards representing "a majority of users of the center's services."

A majority of the health centers operate out of a single comprehensive physical plant; however, nearly 20% also operate a satellite clinic in an area where the greatest access to underserved people and the greatest impact can be attained. Consequently, some community health centers have established satellites in schools. For example, in Jackson, Mississippi, the Jackson-Hinds Community Health Center has extended its services into seven schools and relies significantly on Section 330 funding.

Medicaid is a primary source of health care coverage for the poor. It is designed to cover a full range of preventive, diagnostic, therapeutic and rehabilitative services. Prescribed drugs, health education, outreach services, case management and transportation services are also covered under the Medicaid program and can be directed to SBC use.

EPSDT, one of several Medicaid programs, can also provide funding to clinic sites. EPSDT regulations vary with each state, making such funding more or less easy to obtain, depending upon the state. Some states are in the process of modifying their regulations so that SBCs can more easily use these funds.

The seeming complexity of the Medicaid program and the associated paperwork have been barriers to accessing this source of funds for SBCs. However, some states have already made Medicaid regulations easier to fulfill.

In most states, the reimbursement system requires that non-hospital providers submit bills to the state in accordance with rates of payment approved by the state. An alternative approach is based on a capitation system. The state estimates the cost of providing a total health care services package to each patient enrolled in a program and uses this estimation to determine a prospective budget for the provider. This provider must be certified by the state to receive Medicaid funds.

While devising simplified systems to address the concerns of a few SBCs may not have been advisable in the past, the rapid growth of SBCs and their capacity to serve the medically needy may encourage additional states to consider simplifying certain procedures, such as defining student eligibility, certifying and reimbursing providers, and determining student confidentiality.

State. Two types of major funds exist at the state level: monies generated by the state through taxes and other revenue sources, and monies from federal block grants, which the state allocates in accordance with its own priorities and rules. (See Federal Funds section above.)

The use of state resources for SBCs is a relatively new development and is definitely on the rise. The mechanisms states employ to distribute these funds vary.

Many states have recently passed legislation that specifically earmarks funds for SBCs. For example, in 1985, the state of Oregon created a demonstration program to establish four to six SBCs.

Some states have not established a demonstration program or general authorization but have allocated monies for SBCs through the regular budget process. Typically, these are line items attached to the health department's appropriation and budget.

Still other states have allowed SBCs to tap state-generated funds that are available for a broad range of programs and which do not require a specified line item or authorization. (See Policy Initiatives from Across the Country: 1985, referenced in Appendix A.) For additional information, contact your state department of health or the Support Center/CPO.

Local. Few SBCs have obtained funding from city- or county-generated funding sources. Because clinics are typically located in low income areas, their tax bases are frequently small and they have little political clout. Increasingly, however, cities have expressed interest in innovative strategies that address health needs. In addition, some cities are exploring city-wide strategies for addressing such problems as teen pregnancy and may be inclined to utilize their tax base for broad-based community projects.

SECONDARY PUBLIC SOURCES

School-based clinics have received limited funds from other sources:

Federal

- Title X (Family Planning & Population Research Act)
- Title XX (Adolescent Family Life Act)
- Title XX of the Social Services block grant (typically for day care)

State

- state substance abuse programs, juvenile justice programs, job training and employment projects

Other

- insurance fees
- patient fees

Often these more limited funding sources are employed when a clinic is established. We suggest that you pursue the major funding sources before becoming involved in the intricacies of building a financial base from numerous and less common sources.

IDENTIFYING IN-KIND SERVICES

In-kind contributions are a vital part of the SBC program. For virtually any cost, you should investigate the possibility of in-kind contributions. In-kind contributions often cover the entire cost of a service, staff person, etc., but they can also be used creatively in concert with other funding. For instance, you may hire a half-time nutritionist: one-quarter of his/her time might be an in-kind donation and the other quarter contracted.

TYPES OF IN-KIND SERVICES

There are several types of in-kind services:

- space, including maintenance and utilities for that space
- staffing, including counselors and school nurses donated by the school
- health professionals in training
- clerical assistance
- services (e.g., laboratory and diagnostic services from the health department)
- equipment and furniture
- construction and renovation
- printing facilities
- transportation (e.g., vans)
- public relations and promotional activities recreational activities

You should work especially closely with youth-serving agencies, local departments of health and social service organizations, and school administrators to identify their potential contributions. Their in-kind support can be crucial.

PRESENTING THE PROGRAM TO FUNDERS

PROPOSAL WRITING HINTS

Contact each foundation or other funding source and obtain guidelines for submitting a proposal. Follow these guidelines precisely. Some funding sources will simply ask you to submit your proposal, your budget and information about your organization. Others will ask you to write an introductory letter briefly outlining your proposal before submission. From this summary, they will decide whether or not you should submit a formal proposal. Always keep an eye on deadlines; set up a timeline and stick to it to ensure that you will meet your deadline.

The style of the proposal is up to you, but how you pitch the proposal determines whether or not you get the grant. Your proposal needs to be in tune with the foundation's objectives. You should start by looking at your program and describing it in as many different ways as appropriate. This is particularly important when certain funding sources are only available for specific services. Some grant seekers write a "master proposal" that elaborates on all topics of probable interest to funders; they then adjust the proposal's content and form in accordance with particular foundation requirements.

Do not, however, make the mistake of changing your activities to fit the goals of a certain funder; you should apply for funds only when appropriate. When you do decide to submit a proposal, make certain the language you use to describe your planned programs relates to the funders' objectives. For example, if a foundation is concerned about self-sufficiency, it would be useful to outline the ways in which your program components relate to this objective.

You might wish to contact The Grantsmanship Center, an organization which provides technical assistance with fundraising and proposal writing. It can be contacted at 1031 South Grand Avenue, Los Angeles, CA, 90015.

KEY PROPOSAL INGREDIENTS

We suggest you follow the general outline below when writing your proposal:

- Objective or goal: a very brief statement about what you hope to accomplish with the grant.
- Problem: a relatively short overview or description of the nature of the problem you hope to address. If adolescent health is the focus, then summarize the status of adolescent health issues.
- Need: an articulation of the need you hope to address. Describe the needs in the community and school which your SBC will serve. If you have already undertaken a needs assessment, report its findings.
- Program plan: a description of what you propose to do and a definition of how each activity relates to need. For example, if you have identified pre- and post-natal care as a need, you should describe how one particular program component will address that need.

  Program plans should also include a description of the clinic's
  1. proposed services
  2. relationship to the school
  3. relationship to the parents
  4. relationship to the community
- Other funding sources: an indication of your plans for other funding. Foundations often like to be in the vanguard, but they also like company. Describing your plans to obtain funding from other sources demonstrates to the funder that it is not your sole source of funding and that you are pursuing a number of avenues for continued funding of your program.
- Organizational capacity: an explanation of why your group is qualified to undertake this program. Describe the experience and expertise you have that suggests you will be able to carry out this endeavor.
- Budget: an outline of your expected budget. For the specifics of budget development, see Chapter Nine, Preparing a Budget.

Obtaining funding is an ongoing process. Each year, you will need to pursue new funding possibilities—new foundation sources, new in-kind donations, new collaborative community relationships. As you gain more confidence as a fundraiser, and as your program grows more efficient and productive, you will become more confident and creative. You might establish a fundraising committee—"Friends of the Clinic"—or involve local businesses or learn to tap funds from a wider variety of sources.

Chapter 9:

PREPARING A BUDGET

As you work toward developing an SBC in your community, you will realize that budget development is an ongoing process. Unfortunately, in the real world, one must continually be aware of the costs of things. In the planning stages, your budget will undoubtedly change over time as you identify the needs of your target population, select services in response to those needs, estimate the costs of providing those services, and identify sources of funding or in-kind contributions.

Your first budget should be drawn up while you are just beginning to plan the various aspects of the proposed program. Only when costs are put on paper can you understand your program's service possibilities and needed funds. Creating numerous drafts of your budget will also help you to consider ways in which services can be expanded and phased in over time and will produce a more realistic and accurate budget.

TASKS IN BUILDING A BUDGET FRAMEWORK

While there are many variations among SBC programs and budgets, budgets commonly evolve as you complete several tasks:

1. Identify the health needs of your adolescent population and the needed clinic services.
2. Estimate the costs of services.
3. Identify sources of funding or in-kind contributions.

Remember, you will probably complete these steps many times.

Your budget should project services and costs for three to five years. It will vary over those years—the first year will have one-time start-up costs, while subsequent years may reflect increasing clinic usage and resulting changes in needed staffing.

IDENTIFYING STUDENT HEALTH NEEDS AND NEEDED SERVICES

You should obtain information about the health needs of your target population very early in your planning. You should also collect local statistics, national statistics (when local are not available) and information from many people currently serving the school population (e.g. the school administration, teachers, nurses, and social workers). All of this is discussed more fully in Chapter Two, Collecting Information on Health Needs.

When estimating need, determine the extent to which you can and wish to refer students to other agencies. If referrals are provided without cost to you by the referral agency, then referral costs do not need to appear on your budget. If there will be a charge, then it should be included in your estimate of need and costs.

The teens' needs should be translated into estimates of different kinds of services. More specifically, for each year you will need to estimate the total number of

- students to be served;
- visits or encounters;
- visits or encounters for each type of service (e.g. for physical exams, counseling, or laboratory or diagnostic services).

In some cases it may be helpful to estimate the number of males or females that will use the clinic, for the purposes of their visits often differ. It may also be useful to estimate the percentage of visits that will take place for each purpose and then multiply that percentage times an increasing number of visits each year.

Undoubtedly it will be difficult to estimate some of these numbers. However, in spite of the fact that all clinics differ, you may be able to improve your estimates by obtaining current rates for different youth services from other SBCs or from non-school clinics in your community.

Your understanding of the students' needs may very well change after the clinic opens. For example, several clinics have reported much greater clinic usage than expected, and at least one experienced a much greater need for emergency care than anticipated. Consequently, to the extent practicable, you should build flexibility and expansion into your budget.

ESTIMATING THE COSTS OF SERVICES

Obviously it is necessary to estimate the costs of all staffing requirements, space (if not provided), medical supplies, equipment, contracts for services with outside agencies, etc. This is not always easy. There are a variety of ways to help you make your estimates more accurate:

- Contact businesses to determine some costs (e.g., the phone company for phone installation and usage costs).

- Obtain costs from other medical providers in the area who serve similar populations.
- Contract for specific services with another agency at a fixed rate fee.
- Contact SBC practitioners across the country who have developed their own methods for estimating costs based on several years of prior program experience. (Contact the Support Center/CPO for additional information.)

Further below, you will find a budget framework and a sample budget that can act as a guide to the different kinds of costs to include.

DETERMINING SOURCES OF FUNDING AND IN-KIND CONTRIBUTIONS

Although we encourage you to determine need and then try to obtain sufficient funding to meet those needs, your budget must be tempered by reality. SBCs do not have unlimited funding, and thus availability of funding and in-kind contributions normally limit the costs that can be borne in the budget.

There are a variety of potential sources of funding for SBCs: state and federal funds, national foundations, community-based foundations and private foundations, other community sources, and fees. These are discussed more fully in the preceding chapter.

In-kind contributions may form a significant part of some budgets. For example, schools may donate some of the time of a school nurse to the school clinic, as well as space, utilities and custodial service; your own agency or other public health agencies may provide part-time or full-time social workers or counselors in drug abuse. Some agencies may even be able to provide some medical supplies. Determining what in-kind contributions will be provided will save you the task of looking for funding to cover them.

Some clinic budgets provide information about in-kind contributions in order to provide a complete financial picture of the clinic; other budgets do not.

THE BUDGET FRAMEWORK

When devising your budget, you should divide budgetary information into sections defined by types of anticipated expenses. Within these divisions, wherever possible, you should include individual line items. A sample budget framework below provides one possible set of categories and line items. It is generally a good idea to use categories and line items so that major expenses are described more fully, with much detail, while minor expenses are given less detail. For example, if you plan to do a lot of construction, include construction as a separate category. But if you only have to do a small amount of remodeling, construction might just be an individual line item.

In a separative narrative, you should provide a written description of individual budget items. This statement should describe your justifications or explanations for each item: the major assumptions you make in estimating each item, your sources of information for each item, and any important additional information. For example, separate items in your statement might specify the expected rate of inflation used to estimate salaries, the rationale for a particular trip, the need for a particular piece of equipment, the source for your estimate of the number of visits of a particular kind, and a specific hospital's fixed rate for specific referral services.

As noted above, budgets should be prepared for more than one year. Budgets for subsequent years should reflect a variety of changes that will take place:

- changes in the need for construction or new equipment
- changes in the use of the clinic
- merit increases for salaries
- increases due to overall inflation
- other special increases that can be anticipated in advance

When you present your multi-year budgets, it is often wise to maintain the same categories and to have separate columns for each year, as in the example below.

Below is a sample budget without numbers filled in. It includes many potential expenses and provides one possible way of presenting those expenses. Use this framework as a guide if it is helpful to you, but feel free to deviate from it also.

BUDGET CATEGORIES

Staffing. Staff salaries will undoubtedly be your single largest expenditure. In your explanations, you should specify for each position (or person), the number of hours (or percentage of annual time) the position will be filled and the hourly (or annual) salary. Donated in-kind staff can be noted separately.

Contracts. Because some SBC clinics aim to provide a broad range of health and social services, they may need to provide some program services through outside agencies such as hospitals, health departments or mental health agencies. Normally, SBCs sign contracts with these agencies. In these contractual agreements, agencies agree to provide services at a general fixed rate, at a reduced fixed rate or free of charge. Such services may include those to individual students and to overall program operations. For instance, you may contract for dental services or prescription services with other agencies at a predetermined cost.

Many sites include insurance under Contracts, but some sites include liability insurance under Staffing.

Sometimes diagnostic services and medical supplies are also included under Contracts. Be sure to provide assumptions for your estimates of the numbers of encounters.

One-time Start-up Costs. When clinics first open, they often have unusual expenses, such as building renovation and equipment. If these expenses are major, treat them as a separate category, and be sure to provide adequate explanation for them. If they are a small percentage of the overall budget, include them in the Other category.

Other. This category commonly includes a wide variety of different items. If insurance or rent are large, they can be put in separate categories.

Again, be sure to provide appropriate justification for each item (e.g., the number of trips and per diem rates in the travel item).

In-Kind Contributions. Although in-kind contributions are free and thus are not included in some budgets, we recommend that you include them—at least in your in-house budgets—for they provide a more complete picture of expenses and revenues. Some budgets include them in their respective categories (e.g., donated staffing would be included in Staffing).

Administrative Overhead. Sometimes overhead expenses are spelled out and included in line items; other times they are not. For example, time spent on administrative tasks can be included either the overhead or staffing categories.

When in-kind contributions are presented as a separate category, it is generally not appropriate to include a subtotal for in-kind contributions in administrative overhead, but this varies.

Revenue. Initially, it may not be possible to specify all sources of your projected income and your numbers will probably vary with time, but your projected income should match your expenses. Otherwise you will have a surplus or more probably a deficit.

Thus, there are at least two important reasons to include a Revenue category. It facilitates your comparison of your expenses and revenues. Second, some funders want to know how much funding you expect to obtain from other sources. When they are confident that other important sources are contributing to your clinic, then they may be likely to contribute.

Finally, if you include in-kind contributions in your expenses, then you must also include them in your revenues; otherwise your expenses and revenues will not match.

SAMPLE BUDGET FRAMEWORK

	YEAR 1	YEAR 2	YEAR 3	YEAR 4
STAFFING				
Project Director				
Physician				
Nurse Practitioner				
Social Worker				
Educator				
Medical Assistant				
Nutritionist				
Subtotal				
Fringe (____ %)				
Subtotal				
CONTRACTS				
Insurance				
Hospital				
Health Department				
Mental Health Agency				
Accounting Firm				
Subtotal				
ONE-TIME START-UP COSTS				
Building renovation				
Equipment				
Subtotal				
OTHER				
Rent (if not in-kind contribution)				
Utilities (if not in-kind contribution)				
Maintenance (if not in-kind contribution)				
X-Rays				
Laboratory work				
Medical supplies				
Pharmaceuticals and diagnostic agents				
Office supplies				
Telephone				
Travel/conferences				
Educational supplies				
IN-KIND CONTRIBUTIONS				
School personnel				
Fringe (%)				
Clinic space				
Maintenance				
Utilities				
Subtotal				
TOTAL OF ABOVE SUBTOTALS				
ADMINISTRATIVE OVERHEAD				
TOTAL EXPENSES				
REVENUE				
In-kind contributions				
Grants from foundations				
Medicaid collections				
Clinic fees				
Other revenue sources				
TOTAL REVENUE				

Chapter 10:

SELECTING STAFF

THE IMPORTANCE OF THE STAFF

Imagine a school-based clinic consisting of twenty rooms fully furnished—examining rooms, carpeted offices, a high technology lab, and a luxurious waiting area. The clinic services are comparable to the best medical facilities in other parts of the city. Housed in a senior high school with a population of over 3500 students, most of whom do not have any other source of medical care, the roll of registered clinic clients numbers—200.

Only 200? A sampling of students' comments tells you what's missing: "I don't like it there. The nurse practitioners are always lecturing me. The doctors are uptight and act as if you've committed a crime whenever you start asking questions." What is missing? Qualified staff.

Nothing in the implementation process up to this time should eclipse in importance your efforts to staff the clinic. A qualified staff that cares about and communicates well with adolescents makes the difference between a poor program and a great one.

STAFFING PATTERNS

As you design your school-based clinic, you will be determining staffing patterns. Once certain types of services are chosen, certain types of medical providers are needed. Conversely, if you have already determined that one of your planned interventions requires a social worker, you may wish to consider other interventions which that employee could ably address.

When devising staff patterns, remember that you have some flexibility. Although your budget may be set, donated time, part-time staffers, shared employees and employees with multiple skills can significantly enlarge your service capability without overextending your budget. Remember too, that once staff members are given some time to adjust to one another, team work and creativity can further increase their capabilities.

Although flexible staffing patterns are advisable, do maintain permanent, full-time staff. Students need a few staff members, "staff anchors," that they can count on seeing when they enter the clinic.

IDENTIFYING POSSIBLE STAFFING PATTERNS

With your list of proposed services at hand, determine what kind of service providers you will need. Just like interventions, staffing patterns develop in clusters. One kind of intervention may necessitate two or three providers. If you wish to care for pregnant teens, you will need an ob/gyn physician, perhaps an ob/gyn nurse practitioner, a parenting educator, and perhaps a family life educator. Of course, this does not necessarily mean you will need to hire four full-time staff persons. But for now, write down all the conceivable types of providers that you will need.

Below are some examples:

SERVICE	PROVIDERS
daycare	child care specialist child care aides pediatrician
substance abuse	physician (GP) social worker/therapist psychologist health educator
dental care	dental hygienist dentist

Before you are done, you may have five times as many "providers" as your budget can bear. Don't despair. Now you need to display some ingenuity so that you can get the most for your money.

MINIMUM STAFF

For quality care of a modest sort—physicals, diagnosis and treatment of acute conditions, counseling and referral for psychosocial problems, you will need a physician/medical director, a full-time nurse practitioner/clinic administrator and a full-time receptionist who ideally could double as a medical assistant or part-time social worker or counselor.

The above staffing pattern for a "baseline clinic" demonstrates some of the ways you can minimize costs and maximize services:

- Rely partially on nurse practitioners in place of physicians for the building of medical histories, for physicals, and for some assessment and management.
- Hire a multi-talented staff which can provide a variety of services. Staff members do not have to have advanced degrees, but should be competent in several, related areas—e.g., a social worker with experience in education, counseling, and group workshops.
- Select health care providers with administrative experience. Find a nurse

practitioner who has supervised others and/or managed an office. Find a medical aide who knows how to type and file.

- Hire some part-time staff members.
- Develop interagency relationships in order to take advantage of the other services by repositioning staffs from other programs. For example, contract with a dentist for two or three days a month, or bring in a psychologist one morning a week.

IDEAL STAFF

An ideal SBC staff would include a physician (preferably a specialist in adolescent medicine); a clinic administrator; a full-time nurse practitioner specializing in adolescent medicine, gynecology, and/or family planning; a full-time social worker experienced working with teens; a nutritionist; a health/family life educator; a dental hygienist; a dentist; a psychologist; a medical assistant or nursing support staff; a receptionist; and a variety of part-time, shared, and contracted service providers.

When possible, it is important to have a smaller number of staff members working longer hours than a larger number of staff members working only a few hours. When building staffing patterns, guarantee that a core of staff members are in the clinic during all the hours that the clinic is open so that students can "drop in" and have a reasonable chance of seeing the clinician they seek. Avoid having too many part-time, occasional staff members who come into the clinic for only a few hours a week or month. Students would otherwise never have the opportunity to get to know staff members as they quickly appear and disappear.

Also whenever possible, be sensitive to some students' preferences for same-sex providers. Try to have staff of both sexes.

STAFF RESPONSIBILITIES

As you ingeniously build your staffing patterns, you will realize that you are creating positions that are somewhat unorthodox, at least in comparison to standard health employment procedures. For instance, nurse practitioners will undertake many of the same responsibilities in a school-based clinic as they would elsewhere, but will have additional responsibilities as well—perhaps office and staff management and some counseling.

When you write job descriptions for various positions, be sure to emphasize that working in a school-based clinic is a unique experience and that SBC staff members must be flexible and able to adapt easily to unforeseen circumstances and changes in policy. Clearly list all the responsibilities that each position will certainly include as well as those responsibilities the position might include. (See Appendix F for sample job descriptions.)

Some SBC staff positions are especially important and need to be discussed in detail:

Physicians. Doctors can provide the widest range of care. Some clinics have also found that support from the staff physicians helped gain community acceptance and approval. A few have found that physicians with a systems background proved very useful when administering more than one clinic.

All clinics have at least part-time access to a physician, and all of them use physicians as preceptors. The physician

- establishes the clinic's medical protocol;
- acts as the primary consultant for medical issues;
- provides advanced services that the nurse practitioner cannot provide.

Unfortunately, doctors are the most expensive human resource in the budget. Thus, very few clinics can afford more than one full-time physician. Many clinics cannot even afford one full-time physician.

There are ways to limit expenses and still have access to a physician:

- Consider hiring physicians who have recently completed their residencies. They are often eager to gain additional experience, especially if they are adolescent medicine specialists.
- Contract with a teaching hospital. Resident physicians require experience and are willing to work at reduced fees. If you do use resident physicians, make sure they have regular schedules which enable them to become standard fixtures in the staff. Also, clarify liability issues. Residents are frequently not licensed and therefore not covered by their hospital's liability insurance. Above all, make sure that you train them: many young physicians will not have experience with adolescents. Resident physicians must be supervised by one of their teaching staff physicians. Try to ensure that this physician has experience with adolescents.
- Explore the possibility of a public health service corps doctor placement in your clinic. While this federally-funded program has diminished in size in recent years, it might still be a source of physicians.

Administrators. Clinic administrators are important. In every clinic, there is a need for central administration, responsibility and accountability. The clinic administrator

- oversees all personnel-related duties—hiring, management, quality control, etc.—and is also responsible for relationships with the school, referral agencies and other service providers.

- acts as project director, responsible for networking, funding, budget, proposal reporting, management of the various sites, and perhaps supervision of research and evaluation within the clinics, if an agency sponsors several clinics. Finding funding and maintaining contacts with funders can take 25 - 50% of the administrator's time.

In smaller clinics, the nurse practitioner often doubles as a clinic administrator, but maintains sufficient time (at least 50%) to see patients. In some instances, a full-time physician serves as administrator. In other instances, a fully-trained health administrator who knows both health management and business is hired.

Nurse Practitioners. The nurse practitioner is frequently the central staff person in an SBC. The nurse practitioner

- provides basic medical care, does basic medical assessment, prescribes some treatments and refers students to other service providers;
- handles staff issues and chairs staff meetings in smaller clinics—he/she frequently has ultimate responsibility for the day-to-day running of the clinic;
- has responsibility for patient records.

When hiring your nurse practitioner, make certain that you select someone with multiple skills, both professional and personal. The ability to juggle many responsibilities demands flexibility, patience, and a high level of organizational skill.

Social Workers. Social workers address the psychosocial component of a school-based clinic. Even if a clinic is small, it should have access to a social worker. A social worker can fulfill many other duties in addition to counseling patients. The social workers can

- take charge of referral services and their follow-up;
- act as the liaison between the family and the clinic, and the clinic and other community services.

School Nurses. The school nurse is a critical member of the school-based clinic staff, even though he/she is not ordinarily paid by the sponsoring agency, but is hired by and reports to the school administration. Consequently, school nurses do not ordinarily have access to patients' medical records, which are confidential and not available to school employees. (The school nurse's role varies from locality to locality. Some school nurses may have access to records and may participate in clinic activities much as a nurse practitioner might, but this is more the exception than the rule.)

Even though the school nurse may not have access to records, this does not mean that he/she should be prohibited from participating in the clinic program. Quite the contrary—the school nurse is often the very best type of in-kind service a school can provide. The school nurse

- is a perfect liaison between the students and the clinic—if he/she detects medical conditions during regular vision, hearing, or weight/height screenings, the school nurse can refer students to the clinic;
- can help obtain parental consent;
- can serve as a member of the Advisory Board and help with programmatic decision-making;
- can help to plan school-based clinics, since he/she knows about the students' needs and the school administration.
- should be included in staff meetings;
- can perform the role of health educator, taking charge of outreach presentations in the classroom;
- continues to fulfill his/her regular duties, including the caring for and counseling of those students not enrolled at the clinic.

Receptionist/Medical Assistant. The staff person whose desk resides in the waiting area and who greets students has a special role in clinic operation. Because the receptionist is the first person a student sees upon entering the clinic, he/she influences the all-important first impression. It is important that a friendly, concerned and perceptive person be employed in this position. However, the receptionist has many other duties. The receptionist

- can identify the reason for a visit and thus perform a valuable triage function in matching patients with the proper care provider;
- maintains clinic records and monitors the appointment system;
- can assist the nurse practitioner and physician during consultations if he/she has training in health screening techniques.

PERSONAL QUALITIES OF STAFF MEMBERS

Being part of an SBC staff requires a combination of professional and personal qualifications. Below are some qualities you should take into consideration when selecting your SBC staff.

Team Member. Because SBCs provide *comprehensive* care, one staff member will often refer a patient to another member. Such coordination of services assumes a high degree of communication among the staff. Staff members should recognize their limitations and be able to effectively refer their patients to the appropriate staff person. It is also frequently true that a clinic is small, but the case load is large. In these instances, team work is essential so that the quantity and quality of care is maximized.

Flexible. Whenever you work with teenagers, you work with inconsistency, unpredictability and continual change. Look for people who relish variety and rise to every occasion. A sense of humor also helps.

Experienced with Teens. Obviously, your SBC staff needs to have experience in adolescent health care. A nurse practitioner who has training in drug abuse counseling, but not drug abuse counseling for teenagers is not necessarily the right person for your clinic. You are looking for employees who have actually provided care to youngsters or, at the very least, have specialized in adolescent health care in school and are now ready to apply their learning. They should also be willing to attend conferences, acquire additional training, and train others in areas concerning teenagers.

Knowledgeable About Adolescents. All members of your staff, whether medical, psychosocial, or support, should have a working knowledge about adolescents:

- their physical development
- their cognitive development
- their social milieu—music, media, culture
- their values—beliefs, myths, even misconceptions
- their psychic world—pressures, fears, problems
- their families, friends and romantic relationships

Interested in Teenagers. Knowledge of and experience with teens means absolutely nothing if the candidate does not seem to like teens. Caring about teenagers is the most important qualification for an SBC staff member. There are many ways to determine whether potential employees truly care about teenagers:

- Ask them about previous work experience with teenagers. What did they enjoy most? Least?
- Ask them what they do during their free time. Do they spend time with teenagers by choice? Do they volunteer leisure time to work with young people?
- Ask them what they remember about their own adolescence. Do they remember their adolescence well? With sympathy?

Comfortable with Teenagers. Teenagers are frequently risk-takers and experimenters; they sometimes engage in unusual behavior. A staff member needs to feel comfortable enough with this fact that he/she is understanding and able to provide services and support to patients, regardless of the situation.

You might wants to ask the candidate the following questions:

- How do you feel about drugs and alcohol?
- How do you feel about violent behavior?
- How do you feel about teenagers having sex?
- How do you behave when confronted with these issues?

You hope to discover that the candidate does not falter when asked these questions, but gives clear, confident responses.

Teenagers are eager for messages. Most teens do not seek agreement, but guidance—they want role models. If a staff member is unclear about his/her own values or uncomfortable with others' values, then he/she will send out mixed messages and both parties will be ill at ease.

Skilled at Counseling. Every staff member, whether clerk or doctor, must have counseling skills. This does not necessarily mean that each person should hold a counseling degree. Rather, each person should possess the qualities of a counselor—a good ear, concern, compassion, empathy, objectivity, accessibility, trustworthiness and the ability to ask open-ended questions. Staff members should be perceptive enough to detect subliminal messages, such as when a teenager comes in for an earache, but actually wishes to talk about a problem at school.

Tolerant. Staff members need to be comfortable with the cultural, ethnic and racial variety of the school population as a whole. Differences in habits, attitudes and values must not be insurmountable, particularly in the examining room. Just as you must ensure that staff members are not prejudiced against teenagers, so you must be certain they are free of other prejudices.

Ask the candidate the following questions:

- What do you think about cultural differences between Blacks, Hispanics, Whites?
- Are you aware and tolerant of differences in cultural norms? Can you provide examples?
- How do you feel about working with men? With women?
- Are you comfortable examining young men? Young women?

Certainly professional credentials are terribly significant, but they paint only one portion of the portrait. Only when the best credentials are attached to a caring, committed human being, will students in the school write:

> *I personally feel that the Health Center is a very good idea. Whomever is responsible, should receive a gold star, for the Health Center has already become a tremendous asset to our school.*[1]

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[1] Student at a Florida high school where an SBC had recently opened.

Chapter 11:
EVALUATING SCHOOL-BASED CLINICS

This chapter is written primarily for you, the clinic implementor, because you should be aware of some of the basic issues involving evaluation. However, because of time constraints and issues of objectivity, you should not try to conduct an evaluation yourself; rather, you should find someone else to conduct that evaluation. That evaluator can request from CPO a fuller discussion of the evaluation issues raised in this chapter.

INITIAL EVALUATION CONSIDERATIONS

REASONS FOR EVALUATING SBCs

People sometimes question whether evaluating programs is worth the effort. After all, conducting a good evaluation can be difficult and time consuming, and you have other important things to do.

However, there are several good reasons why you should conduct some type of evaluation of your clinic. First, you often need research and evaluation data to help you better understand your population's health needs and to help you better design and deliver your health services.

Second, you need to determine whether your clinic is effective, and if it is effective, you need to document that effectiveness.

Finally, strong evidence of your program's success can help you maintain community, political and financial support for the clinic. Such evidence can also help others design and implement their clinics.

EVALUATION TIMING

It is wise to begin your evaluation before the clinic is open for two primary reasons:

- You can collect baseline data from the students in that school which, by definition, must be collected before the clinic is open;
- You can use the collected data to help you better design the clinic.

SPECIAL ADVANTAGES IN EVALUATING SBCs

You have several advantages in evaluating your school-based clinic that others don't have when they evaluate other kinds of clinics. Most important, you have a reasonably small, well-defined and specific target population—namely, the students in your school. This is in contrast to most other clinics, which serve anyone who cares to use the clinic's facilities or everyone in some rather large geographical area.

Second, all the members of the target population are identifiable by name. Thus names can be checked against other lists of names, and statistics can be determined more easily.

Third, the school itself and other agencies already collect useful aggregate information on the students. You might be able to make use of data already collected on absenteeism, dropout rates, etc.

GUIDING PRINCIPLES

There are at least two basic principles that should guide your evaluation. First, it is important to use more than one method for evaluating any program. Every method of collecting data has its own flaws and sources of error. Different data collection methods are likely to have different sources of error. When combined, collection methods can often counterbalance one another.

Nevertheless, you should not allow your use of multiple evaluation methods to lull you into complacency. Collecting several kinds of data poorly is not better than collecting one kind of data effectively. This is especially critical if your clinic program has small, subtle effects rather than large, more measureable ones. If this is the case, you should be wary of using multiple data collection methods that are insufficiently sensitive to detect the clinic's effects. Instead, concentrate on identifying one sensitive method and ensuring you use it well.

A second important principle is that evaluation is often meaningless unless accompanied by comparisons. For example, knowing that, on the average, students have not seen a medical doctor for three years, or that 8% of them sometimes get very depressed, or that 12% have gotten pregnant during the last year, is not meaningful unless you also have comparable figures taken before the clinic opened, comparable figures for a similar school nearby, or national averages for similar student populations.

PREPARING FOR THE EVALUATION

The evaluation process requires a good deal of preparation. Following are a number of hints to help you prepare for your evaluation.

GETTING HELP

If you are implementing the clinic program or will be directing it once the clinic is open, you will undoubtedly need part-time or full-time help managing the evaluation. If you intend to open a large clinic, you should attempt to build both the evaluation and appropriate personnel into the proposal and budget, especially now, when foundations particularly emphasize the importance of a program evaluation program.

If you have limited funding, you may wish to contact a nearby university where faculty members or graduate students in psychology, sociology or public health might be willing to lend expertise and play either a minor or major role in the evaluation. Ideally you want to find someone who is genuinely interested in adolescent health, someone whose interests clearly overlap your own. Graduate students may have limited time, and their interests may be limited to completion of their theses or dissertations; faculty members are less likely to have such constraints.

If you find someone outside the clinic to conduct an evaluation, be sure you have a clear understanding about the following things:

- the basic purposes of the evaluation
- any research limitations that the individual students' needs must impose
- to whom the data belongs and who will get copies of the raw data
- who will be the authors of any reports or articles
- who will have final say on any publicly released information
- the anonymity of the clinic, if desired

Anyone planning to do research on clinics should contact those people who are already doing research on clinics or similar programs. It is usually possible to obtain from them sample clinic encounter forms, needs assessments, other survey questionnaires, summaries of possible evaluation methods and summaries of previous research. You can also benefit from talking with them about their experiences.

REVIEWING YOUR GOALS

It is the goals and desired outcomes you identified for your SBC initially, before determining the services to be offered in the clinic, that will be measured by the evaluation. At this point you should review those desired outcomes and goals to make sure they are

- realistic—there is no point in implementing or evaluating outcomes that have little chance of success;
- specific—"improving overall health" is too general to evaluate rigorously;
- comprehensive—they should not focus upon only one area, but relate to all major interventions.

LIMITING YOUR EVALUATION

Despite what has been said thus far, you should not feel that you must employ all the evaluation methods discussed below. Not every clinic should try to conduct a comprehensive and rigorous evaluation. Scale your evaluation efforts to a level appropriate to your own funds and staffing.

BASIC DATA SOURCES

There are a variety of data sources that can be used to evaluate clinics. (See Chapter Seven, Designing a Clinic, for information on collecting needs assessments data and Chapter Twelve, Building Positive Relationships in School, for a discussion on collecting patient satisfaction data.)

CLINIC RECORDS

Encounter Summaries. Try to keep records of each visit or encounter with a patient. Records should be tallied by hand or, preferably, by a computer and the resulting frequencies reported. These tallies provide documentation of the services provided.

When documenting visits or encounters, it is important to distinguish between the number of duplicated and unduplicated visits so that different questions can be answered: How many different students used the clinic? How many visits did students make to the clinic? How many times, on average, did each student use the clinic in a specific time period, e.g., a school year.

You should also provide breakdowns by age, school year, sex, type of visit, and other student or visit characteristics. These breakdowns can answer obvious but important questions:

- How many students did the clinic serve last year? Last quarter?
- How many clinic encounters took place?
- How many encounters were there for each type of health problem?
- How many males/females visited the clinic for sports physicals? How many males/females used the clinic for family planning?

By collecting this data each year, it will be easy to produce trend data and determine whether percentages are increasing as rapidly as expected.

Although these counts and percentages appear simple to collect and calculate, two potential problems need to be overcome initially. First, it is important to define rather precisely what constitutes an encounter. Often the definition is determined by the length of a visit and the services provided. Second, these simple counts require that you maintain a daily log of encounters, as well as some information about each encounter. At a minimum, encounter forms must include the patient's ID number (to distinguish between duplicated and unduplicated visits and to link that visit with other demographic information about the patient) and information about that encounter (e.g., purpose of visit, and type of staff person seen). There are sample encounter forms as well as technical assistance regarding their use available from the Support Center/CPO and from other clinics.

You might also want to ask your referral agencies, and perhaps even other agencies in the community, to document any change in their client loads and numbers of encounters as a result of the opening of the clinic. There might be a "spill-over" effect.

Compliance Rates. There are at least two different kinds of compliance rates. The first type is based upon compliance with subsequent appointments for various health reasons—for example, the percentage of students with positive STD tests that return for treatment and a final STD check. This type of compliance rate is relatively easy to measure, for it is based upon whether or not patients returned when appropriate to the clinic or other referral agency, and this information can be found in the clinic records or encounter logs.

You should not underestimate the importance of appointment compliance rates. In one school-based clinic, all the pregnant teenage girls going to term returned for all their prenatal care visits. In another clinic, all the students with positive STD tests returned for a final checkup. In contrast, other medical providers in these communities had much lower rates of compliance, thus strongly indicating that providing care through school-based clinics may have facilitated compliance.

The second type of compliance rate is that based upon compliance with various regimens outside the clinic—for example, compliance with attendance requirements for family counseling sessions. It is far more difficult to measure this kind of compliance because additional data must be obtained and recorded from each patient and for each regimen. Moreover, it is difficult to find data with which to compare these compliance rates.

SCHOOL SURVEYS

The evaluation methods discussed above measure, for the most part, process—they measure, primarily, the services being provided, not the impact of those services upon adolescent health habits, overall health, pregnancy, etc. If administered very carefully, school surveys used as part of a quasi-experimental design have the potential for measuring the effects of the clinic upon the entire student body.

Questionnaires can incorporate a very wide range of behavioral and health measures. For example—

- elapsed time since getting routine or preventive medical care
- use of emergency medical facilities
- number of nights spent in a hospital
- safety habits
- eating habits
- use of drugs and alcohol
- extent of sexual activity, use of birth control and pregnancy history
- depression
- obesity

Overall Design. When surveys are used to evaluate the impact of a clinic, they must be employed as part of an experimental design. Evaluation designs that most closely resemble classical experimental designs are commonly the most valid. However, rarely if ever will you be able to randomly assign students to a school with a clinic and to a similar school without a clinic. But you may try to administer a questionnaire to your clinic school before the clinic opens and each year thereafter, and at the same time administer the same (or a similar) questionnaire to a comparison school nearby. Using this system, you can compare the change in health and behavior patterns over time in the clinic school with the change over time in the comparison school.

If you have already opened the clinic and have not yet collected baseline data, your best remaining option for evaluation is to use a similar school nearby as your basis for comparison.

On the other hand, in some communities, you may not be able to find a comparison school. In this case, you must collect pre-clinic data and compare it to post-clinic data collected annually in subsequent years.

When administering yearly surveys, it is very important to administer them at the same time each year, preferably in the spring. If the questionnaires are not administered at the same time, biases may result. Students who attend in the fall may drop out during the year and not complete a questionnaire in the spring. If the questionnaire is administered in the fall, the previous spring's seniors, who were exposed to the clinic for the longest period of time, will have graduated and will not be available to complete the questionnaire. In their place, a new class of entering freshman who have not been exposed to the clinic will complete the questionnaire.

You should administer questionnaires to either all the students in a school or a large random sample of students. It is an unfortunate fact of statistics that sample sizes must be very large in order for small changes to be statistically significant. For example, if a school clinic successfully reduces the pregnancy rate in a school by 25%, by reducing it from 20% to 16%, this would definitely be *programmatically* significant. However, the results would be *statistically* significant only if pre-clinic and post-clinic samples contained about 1,000 female students. A good rule of thumb could be: If the school population is larger than 1,500 students, select a random sample of 1,000 students. If the school population is less than 1,500, administer the questionnaire to everyone. If you are interested in problems which pertain to females (or males) only, then these numbers should be applied to females (or males).

Ensure the anonymity of the respondents when administering and collecting the questionnaires. Also take note of any unexpected problems, absences or other events which may affect survey administration.

There are several evaluation factors of which you should be aware. First, major factors other than the clinic will influence your data over time. The composition of the school may change because of residential mobility or a new bussing program; unemployment in the community may increase or decrease, thereby affecting the families of the students and perhaps the students' jobs and career plans; or, as is true in most urban school districts, year-to-year variation among the students may be substantial. Be careful to take these factors into consideration when interpreting evaluation data.

Second, the questionnaires are, of course, self-reports. Although most students complete most questions honestly, some students may intentionally distort their answers. Some may make honest mistakes. All questionnaires should be examined before coding to look for obvious distortions, and those that are clearly invalid should be discarded. Nevertheless, an unknown amount of error will remain.

Third, although the clinic may have an important impact upon a group of students in one health area and another group of students in another health area (and so forth), the evaluation, when it examines each health outcome separately, may not find any statistically significant impact upon the entire student body.

This problem can be overcome to a certain extent by including questions on the questionnaire about participation in particular programs and then comparing students who participated in these programs with those who did not. This method still does not overcome the problem of self-selection, however. It may be necessary to evaluate the impact of particular programs with separate research studies.

Separate Research Studies. When clinic programs are believed to have important effects upon a small number of students, it may be necessary to conduct separate evaluations with those students. For example, if your school has a substantial number of overweight students and you introduce a nutrition and exercise program for them, you can identify the overweight students in the school, randomly select half of them to participate in the program, and then compare over time the weights of those in the program and those serving as a control group. Those students who served as a control group for several months could be invited to participate in the program after the evaluation was completed.

Separate studies do have their drawbacks—by definition, they require a study separate from the overall evaluation and a separate sample of students for each clinic program evaluated. They also do not provide evidence on the impact of the clinic upon the student population as a whole. Nevertheless, in many situations, only these separate studies will provide statistically significant results for the impact of SBC programs.

SCHOOL RECORDS

Absenteeism and Drop-out Rates. Schools usually keep records of the number of students absent each day and the percentage of days missed during the entire year. Many, but not all schools, also know the number of students who have dropped out. Occasionally they have estimates of the number of girls who have dropped out because of pregnancy, but these estimates are usually unreliable and greatly underestimate the true number of pregnancies. Sometimes, however, schools do have accurate information on the number of girls that have transferred to a special school for pregnant girls. Because this data has already been collected, it is tempting, and sometimes useful, to observe trends in this data over time.

However, you should be wary. Absenteeism and dropout rates are affected by many things, and changes may not become obvious for some time. Unless reducing these rates is a specific goal of the clinic, it may be unfair to evaluate your clinic on the basis of these data.

PUBLIC HEALTH RECORDS

Birth Rates and Low-Weight Birth Rates. By comparing lists of female students enrolled in school with community birth records, you can probably produce rather accurate annual birth rates and low-weight birth rates for schools in your community. Most schools can provide lists of enrolled students dating back many years. Hospitals, departments of health, or other city or state agencies house birth records.

The institution which houses birth records may properly be concerned about maintaining the confidentiality of the birth records. If so, you may need to pay that institution to compare the lists of names itself and provide you with the annual number of births to teen mothers. This maintains the confidentiality of the birth records.

A major advantage of this evaluation method is that it can be completed long after the clinic has opened. All that is necessary is that the schools keep a copy of all the females students enrolled each semester.

To summarize the evaluation process—plan your evaluation before the clinic opens; collect different kinds of data, when possible, being wary of their pitfalls and limitations; and seek help.

Chapter 12:
BUILDING POSITIVE RELATIONSHIPS WITHIN THE SCHOOL

After months of community organizing, seeking funding and designing your program, the doors open at the clinic. It seems the staff can finally devote itself to providing quality health care. However, the ultimate test has yet to occur: even if the doors are open wide, the young people still need to walk in.

The worries young people have regarding health care will sometimes inhibit their first visit to a school-based clinic just as surely as their concerns inhibit their visits to a community clinic or private physician. The heightened self-consciousness of adolescence, combined with inaccurate information about a clinic's confidentiality, might prevent some young people from using the clinic. In addition, many students are not accustomed to asserting their needs, seeking out support services which address those needs, and then using those services.

For all these reasons, the clinic staff must not only administer health care, it must build the same kind of support within the school as has already been built in the community at large. Both the students and the faculty and school staff need to feel good about the SBC program in order to create a supportive atmosphere.

BEFORE THE CLINIC OPENS

Of course, developing good relations with the school should have started well before the clinic opened. If clinic-related school board meetings, community forums and parent committee meetings have somehow taken place without the involvement of the school staff and students, then the formal approval you have sought and attained is merely that—formal.

THE STUDENTS

As you work toward opening the clinic doors to students, begin to interact with them:

- Continually talk with students.
- Provide the school newspaper with up-to-date clinic information.
- Involve a few students in the clinic presentations you offer to officials.
- Consider holding a school assembly on the clinic.

In the past, a few clinic implementors have overlooked the students in their urgent attempts to get a program started. Although this is easy to do, try to make certain it does not happen to you; otherwise, students may feel slighted and may not accept the fact that the clinic is especially for them. As one disappointed student noted,

> *I think it's a good idea, but they should of gave (sic) us notice of what it really was going to be like . . . They didn't even ask for our opinions about how we felt about it. And it's supposed to be pertaining directly to the student body.*

THE SCHOOL STAFF

You must make sure that accurate information is channeled to the school staff in addition to the media and larger community both before as well as after the clinic opens.

There are many ways you can develop early positive relationships with the faculty:

- Include supportive faculty members on your Advisory Committee.
- Encourage their participation at parent-student-teacher meetings.
- Survey them about student needs and services to offer.
- Educate them about the possibilities and limitations of SBC programs.
- Work with them to establish clinic utilization policies and procedures teachers should follow to make referrals to the clinic.

In short, a budding relationship with the students and faculty should exist before the clinic opens and before staff are ready to examine patients.

AFTER THE CLINIC OPENS

During the first weeks of operation, an SBC will need to rely upon these early relationships. Students already familiar with the clinic can communicate good news to their classmates both by word of mouth and by actually using the clinic, while teachers will voice their support and also refer students in their classrooms who require attention.

The kinds of activities which a clinic staff can initiate or participate in are of infinite variety and, in fact, quite fun. We will divide our suggestions into those activities which affect students and those activities which affect adults in the school—faculty, administrators, and staff members.

ENCOURAGING STUDENT PARTICIPATION

Before mentioning the innumerable activities which can attract attention to the clinic and foster fun and education, it is useful to emphasize the obvious: the services you provide and the staff which provides them add up to the single most effective advertisement for your clinic.

Positive Staff Attitudes and Actions. Although your SBC program and its staff may in fact be your best advertisement, when a clinic first opens, many students may be confused as to the actual services offered. The clinic staff cannot simply remain within the clinic confines and hope that the clinic's message will be accurately communicated. Staff members need to carry their message into the hallways and classrooms. Following are a number of ways of drawing the attention of students to the clinic and the staff's finer qualities:

- Be visible. Attend school events such as assemblies, plays and sporting events. The more that students see you, the more they will come to trust you. Your attendance at their events will indicate to them that you really care about them.
- Be outgoing. When you walk down the halls, as you eat at the cafeteria, as you bump into students outside of school, make an effort to acknowledge them. Within the clinic a friendly manner should always be the norm.
- Be accessible. Show your willingness to enter the classroom. Do a series of presentations soon after the clinic opens, perhaps presentations on the clinic and its services or one facet of the clinic program. Encourage clinic staff members to participate in extracurricular activities related to health and fitness, e.g., leading an after-school exercise class or sponsoring a health club. Spend time with your clients, both during consultations and throughout the school day.
- Be circumspect. Although you want to be visible, outgoing and accessible, temper your friendliness with respect. The young people using the clinic need to know and feel that you genuinely respect their privacy and right to confidential services.

The Student Advisory Committee. A successful way to drum up interest in the clinic is to appoint a Student Advisory Committee. At the most fundamental level, the creation of this committee sanctions student representation in some clinic activities. But looking at it from an administrator's point of view, such a committee also helps to recruit students and to monitor some of the clinic programs.

There are numerous ways to get a Student Advisory Committee started. You may have some committed students already identified from earlier collaborations, or you could announce the committee's existence and request applications, or you could appoint public-spirited students selected by the principal or other faculty members. As time passes, you may wish to open up the positions for election, depending upon the success and perceived status of the committee and, of course, upon the time your staff has available to sponsor such an activity. Make certain that students understand that the Student Advisory Committee's purpose is to advise and to generate interest in the clinic, not to participate in the provision of health care.

Some suggestions for the committee—

- Try to limit the size of the committee to approximately 10 members.
- Have members convene about once a month. Some committees become quite active and may need to meet more often.
- Write up an informal constitution describing the responsibilities of committee members. Agree upon a length of tenure.
- Provide the committee with an orientation program during which members are fully informed about the clinic, its procedures and its services.
- Do not use committee members as clinic assistants. The presence of students within the clinic will bring into question the confidentiality of care.

Possible Student Advisory Committee duties and activities—

- Name the clinic or run a Name-the-Clinic Contest. By allowing the students to name the clinic, you convey to them a sense of ownership or control. The committee could solicit names, select the winning name, and present an award to the winner. Or it could run a school-wide election based upon suggested titles.
- Plan and perform assemblies. The committee might wish to develop assemblies on health topics of current concern: proper exercise habits, health promotion programs and grooming. They could write skits, enact them and then answer the audience's questions.
- Help devise a student satisfaction questionnaire. With staff assistance, the committee could write an evaluation survey to give to students after their initial clinic visit. (See Student Satisfaction and Utilization section below.)
- Write articles for the school newspaper. (See School Media section below.)

- Help plan and implement extracurricular activities. (See Other Promotional Activities section below.)

These are just a few of the responsibilities that can be given to a Student Advisory Committee. No doubt the clinic staff and the committee itself can establish additional duties.

School Media. One good way to attract the attention of students to the school-based clinic is to use school media sources.

- Hang posters around the school advertising the clinic, its services and hours.
- Hand out flyers noting the opening of the clinic, its services and hours.
- Announce the opening of the clinic over the public address system. Make the announcement amusing and welcoming, if you can, but make sure that it is clear.
- Either request that the school newspaper interview the clinic staff for an article or offer to write an article yourself. Some school newspapers have devoted an entire issue to the new school clinic.
- Write a regular column in the school newspaper or enlist one of your Student Advisory Committee members to "ghostwrite" one. The column might cover interesting and current health topics or, alternatively, act as a health advice column, where students send in questions and are provided with accurate answers.
- Publish your own newsletter or flyer. This would naturally depend upon the time and resources available to your staff and Student Advisory Committee. Whether published regularly or at infrequent intervals throughout the year, the publication can simultaneously provide accurate health information to students and advertise the clinic, especially when the clinic introduces new programs and services.

Other Promotional Activities. In addition to the previously mentioned suggestions, we have compiled a list of miscellaneous ideas for you to draw on when deciding on ways to promote your school-based clinic. The possibilities are endless if you rely on your imagination!

- Give presentations in homerooms regarding the clinic and its services. This is a good idea especially immediately after the clinic opens and at the beginning of the school year. Introduce the staff, describe the clinic procedures, and note the confidential and comfortable nature of clinic care.
- Give a series of presentations in other classes. You could collaborate with health or sex educators, physical education teachers, or others, to provide information on health issues. It would be nice to coordinate your presentation with a pertinent classroom discussion topic if at all possible.
- Offer special workshops on interesting subjects:
    - health careers
    - diet
    - strength/body building
    - complexion/beauty care
    - self defense
    - CPR
    - infant care
    - first aid
    - assertiveness training
    - smoking cessation
    - stress management
- Set up special hours for selected services such as sports physicals, immunizations, blood pressure screening, etc.
- Run an all-day health fair. Provide posters, balloons and pamphlets on various health topics and concerns. Offer "free" and immediate services such as blood pressure, weight and height assessment. Set up a few game booths dealing with health issues—e.g., health bingo, health quizzes—and award prizes. Show videos or brief filmstrips on health topics.
- Hold a Clinic Open House. Invite students to come and visit the clinic. Conduct mini-tours. Explain clinic procedures and hand out parental consent forms. You might want to consider providing healthy food and drink or door prizes as an enticement to attend.
- Offer an after-school health film festival or health film series. Students can learn about dieting, safe body building, and sexual responsibility and decision-making.
- Start an exercise or aerobics class. Do not necessarily describe it as a weight reduction class, since that will no doubt limit its size. Present the class in such a way as to welcome all types of students.
- Sponsor an assembly on a health topic of particular and timely concern.

All these activities can include, with varying degrees of participation, the Student Advisory Committee. The degree to which they participate has much to do with your committee's interest and energy.

Almost all of the above activities can be repeated after the clinic opens, throughout the year, and every year thereafter. Remember that a school population is transient and you will therefore need to inform new students continually.

And also remember that there is no need to do all of these—no one would have time to do them all!

ENCOURAGING FACULTY AND STAFF PARTICIPATION

The adult population within a school represents a valuable advocacy source. If a clinic staff makes no effort to communicate with the faculty and staff, problems are almost certain to arise. You must be sensitive to their priorities and demonstrate to them that you share many of them.

Despite their name, school-based clinics are not merely clinics based in schools. Any SBC that simply transfers a community clinic into a room at the local high school is not an SBC properly defined. SBCs are in schools not just because students spend much of their time in schools, but because they spend much of their time learning in school. SBCs have the potential to combine theory and practice by integrating health education and information with available health services. It is for this reason that the clinic staff needs to work with school administrators and faculty members.

Ideally, during your consultations with the administrators prior to opening the clinic, you might have established some of the ways in which your clinic staff will interact with the educational component of that school—joint classes, curriculum development and consultation. However, some clinic programs might need to wait until the clinic opens to solidify personal and professional relationships with the faculty.

Some clinics have attempted to provide the same kind of care for the school's adult population as they do for the students. This is a genuine challenge since adults are often subject to health conditions which require more sophisticated care and screening than do most adolescent health conditions. Most clinics will not be able to serve the school's staff, faculty and administration as thoroughly as they do its students.

However, there are ways to build relationships with the faculty and administration that encourage them to refer students to the clinic and support the clinic in other ways:

- Give a faculty presentation, preferably before the clinic opens. Explain the clinic's services, hours and procedures, especially stressing the ways in which teachers can make referrals and in other ways utilize the clinic and its staff.
- Behave as much like a faculty member as possible. Although strictly you may not be considered part of the faculty, you should demonstrate your interest in the school, its educational goals, and its problems. Show the faculty members that you are sympathetic to their cause and that you consider them your colleagues. Work on in-service days if possible. Attend faculty meetings. Following the same schedule and living the same life is an indication to faculty members that you are genuinely part of their school.
- Offer the faculty similar versions of presentations you offer the young people. Hold workshops on topics which pertain to the faculty's relationships with students: how do adolescents grow and develop, how do you detect emotional problems, what are the signs of substance abuse, how does chronic illness interfere with the learning process, etc.
- Provide basic health services for the faculty and staff if clinic staffing and budget permit. You could monitor blood pressure and weight, screen for hypertension, and test vision and hearing. In short, be willing to serve the school faculty and staff in modest ways. This will not only bring them into the clinic to see for themselves the fine services, but will foster good will and professional friendships.
- Treat school rules and regulations with respect. Remember that while you are attempting to act as much like a faculty member as possible, to some extent you are still a guest in the school.

Whether or not the SBC staff holds open houses, develops assemblies, writes a newsletter, attends staff meetings or any number of other activities, it must participate in the life of the school in order to maintain its visibility and standing.

STUDENT SATISFACTION AND UTILIZATION

Of course, it is not sufficient to simply attract students to the clinic—you need to provide services so that the students who come are, in fact, satisfied. In the chapter on Designing the Clinic and elsewhere, we have discussed how to provide those services so that student needs are met and students are pleased. If you follow those guidelines, you will probably be successful.

However, it is important, nevertheless, to determine whether students are satisfied with the clinic, its staffing, and its services. The best way to do this is to ask them.

You can ask members of the Student Advisory Committee, if you have one, or you can ask other students with whom you are comfortable and who will give you honest answers. This informal process can enable you to probe if you detect dissatisfaction in any area.

You can also do as several clinics do—namely, ask every patient to complete a student satisfaction questionnaire after his/her appointment. Such surveys provide information about satisfaction from all patients.

The questions on a student satisfaction survey may include the following:

- Were clinic hours convenient?
- Did you have to wait a long time before seeing a nurse or doctor?
- Did all staff members treat you well?
- Did the staff seem to care about you?
- Did the doctor or nurse spend as much time with you as you thought was needed?
- Did you feel comfortable asking questions?
- Were all your questions answered?
- Do you feel your visit was confidential?
- Did you receive better care (service) than you could have from some other place in the area?

Chapter 13:

MAINTAINING COMMUNITY SUPPORT

Once your school-based clinic opens, you must maintain and encourage community support. All effective SBC programs rely on the good will of the community—elected officials, school administrators, teachers and parents—in order to ensure continued viability. If your clinic hopes to increase its sites and services, enlarge its funding base, and in other ways expand its role in the community, or even if it just plans to maintain its current level of service, you must maintain a mutually supportive relationship with your "community."

As suggested earlier, you should determine individual staff responsibilities—who will answer calls, who will meet individually with people, who will give presentations to groups, and which members will work with which groups.

Be sure to consider and work with all the groups below.

THE PARENTS

CONTINUOUS CONTACT WITH PARENTS

If you introduce a new service or staff member or alter a procedure, you should inform parents by announcing the change, preferably in an already-established communication vehicle, e.g., a school newsletter, PTA newsletter, or SBC newsletter.

When the clinic opens, you can invite parents of students to come and survey the clinic, meet with its staff and ask questions. Then, each year thereafter, you can hold an open house, in order to maintain contact with parents. If possible, try to schedule the open house to coincide with a school function—a PTA meeting, Parents' Night, or parent/teacher conferences.

PARENTS OF NEW STUDENTS

Each fall, provide a comprehensive summary of the clinic's services, operations, and procedures for parents of every new student. Include a consent form. Invite parents of new students to come in to the clinic for a separate visit if they are interested.

THE SCHOOL AUTHORITIES

COMMUNICATION WITH PRINCIPAL

As you maintain relations with school personnel, you may have frequent day-to-day contact with the principal. However, you should also set aside special times to inform him/her of new plans and programs.

COMMUNICATION WITH SCHOOL BOARD

You should attend board meetings to provide an annual update of the SBC, summarizing its services, the numbers of students served, its successes, possibly its limitations, and its future plans. You should also provide the school board with interim written reports of new developments and programs, bi-annual statistics, changes in staffing and other important information.

THE COMMUNITY ADVISORY BOARD

MEETING WITH THE BOARD

It is wise to meet with the Community Advisory Board once a month during the early stages of the clinic and quarterly or twice yearly after the clinic has been operational for some time.

STANDARDIZED PROCEDURES

Most boards need a clear understanding of their role and responsibilities. You should clearly determine who will vote, who will chair meetings, how items are entered into for discussion, to what extent the Board will be involved in final policy decisions, etc.

Whenever possible, you should supply board members with written information prior to each meeting. Also prior to each meeting, you should solicit input for the meeting and prepare an agenda.

During the meetings, do not merely present issues for approval; rather, discuss problems and request suggested solutions. Be careful not to cut off discussion prematurely. Also inform members of chosen program strategies and share successes with them, e.g., positive clinic data and evaluation results. A board is most useful when it is informed.

As time passes, fewer members may regularly attend meetings. Eventually, a committed core of participants will become obvious and each meeting will probably progress more quickly. Once the clinic has been in service for some time, you may want to consider meeting less frequently or only when there are clear agenda items. Community Advisory Board members can receive important clinic updates by mail rather than by attending meetings.

THE COMMUNITY IN GENERAL

COMMUNITY PRESENTATIONS

In general, it is wise to speak to community groups and organizations. You can keep groups interested in and supportive of your clinic by sharing your successes, your concerns and plans for overcoming them, and your goals for the future.

Present the SBC program in terms of community concerns, such as its impact upon education and community health and its influence on the economic and social well-being of the region.

Try to coordinate your presentation whenever possible with other scheduled community events such as luncheons or banquets sponsored by other groups. Remember that community presentations often have difficulty drawing people from their homes, especially if there is no controversy involved.

OTHER COMMUNITY GROUPS

Finally, continue to work with other groups concerned about adolescent health and well-being. You can donate your time, energy, and expertise to projects that they have initiated; even better, you can plan programs jointly.

END NOTE

This manual's primary focus has been upon those steps which lead up to the grand opening of your school-based clinic. Once your clinic is open and well utilized, and procedures have been established to guarantee continued good relations with community members, we leave you, for the most part, on your own—there are other books to guide you on clinic administration.

Despite the fact that this manual is a general guide for everyone planning to start a school-based clinic, your experience in implementing a clinic will be unique—as unique as the individuals, organizations and institutions in your community. Although you and a few other individuals will be working directly toward its realization and planning its program, the SBC must be community-inspired and community-controlled. The success of your efforts and the ultimate effectiveness of your clinic depend upon how well you identify the needs of the community and how well you work with the community to address those needs. Consequently, this guide cannot be definitive.

Nonetheless, we hope that this guide facilitates your efforts as you strive to implement a clinic. At times, things will be difficult, but this is only natural—do persevere, for your perseverence will pay off. Any program that genuinely attempts to help young people as they grow up in today's society will ultimately benefit that community. As you encounter obstacles and overcome them, and as you learn more about the needs of adolescents in your community and the ways your community can mobilize to improve their lives, we hope you will appreciate more fully the great potential of school-based clinics.

We wish you success in your efforts.

Appendix A:
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Appendix B:

ADOLESCENT HEALTH FACT SHEET

Health Care. According to statistics gathered in 1980, 30.6% of American children aged 6-16 did not visit a doctor during the previous year. The 1980 statistics also indicate that 30.4% of children under the age of 17 had never visited a dentist, nor did 50% visit a dentist during that year.[1]

Economic Health. In 1983, 22.2% of all children under the age of 18 and more than half of the children in female-headed families were living below the poverty line.[2]

School Dropout. About 25% of all students drop out of high school before graduation.[3] In many communities, this percentage is much higher.

Cigarette Smoking. In 1980, a national survey of high school seniors revealed that approximately 14% of girls and 13% of boys had smoked at least a half pack of cigarettes a day during the previous 30 days.[4]

Alcohol Use. In a 1985 nationwide survey of high school seniors, 45% of the boys and 28% of the girls reported drinking five or more drinks in a row in the previous two weeks.[5]

Alcohol is the leading factor in fatal and nonfatal traffic accidents involving adolescents.

Drug Use. In a 1985 nationwide survey of high school seniors, over half of the respondents had tried marijuana, and one in four had done so in the previous month.

Out of the seniors that responded, 26% had tried amphetamines, while 6.8% had done so in the previous month.

Seventeen percent of seniors had tried cocaine, 7% of them in the previous month—the highest percentages recorded thus far in an eleven-year survey.

Overall, six in ten seniors admitted to having used an illicit drug at some time.[6]

Acute Conditions. In 1980, there were 293 incidences of acute illness for every 100 young people aged 6-16, the highest incidence rate for any age group except young children under 6 years of age. Acute illnesses include infective and parasitic diseases, respiratory conditions, influenza, digestive system conditions, injuries and other miscellaneous conditions. The average school child aged 6-16 missed 4.8 days of school in 1980 because of acute illnesses.[7]

Eating Disorders. In one study of 1,268 females aged 13-18, 8% met the criteria for bulimia.[8] In another study, up to 20% of young women between the ages of 16 and 35 were found to suffer from bulimic symptoms.[9]

Pregnancy and Child Birth. About 10% of all teenage girls, or about 1.1 million of them, become pregnant each year. Moreover, about 40% of all teenage girls become pregnant before they turn 20.[10] Teens aged 15-19 gave birth to 489,286 babies in 1983, a rate of 51.7 births/1,000 teens.[11] This is the highest rate of any Western industrialized country.[12]

Pregnancy Outcome. Prenatal care offsets many of the potential negative health consequences of teenage births, consequences such as infant mortality and low birth weight. Yet in 1980, 51.5% of all pregnant women under the age of 18 did not receive prenatal care during their first trimester, 10.3% did not receive care until their third trimester, and 2.4% received no prenatal care at all.[13]

Teen mothers account for about one in five low birth weight babies.[14]

Traffic Accidents. Traffic accidents are the leading cause of death among adolescents. In 1983, 35.1 per 100,000 young adults aged 15 to 24 died in motor vehicle accidents.[15] Although teens comprise 10% of licensed drivers, they account for 20% of all highway deaths, and the overwhelming majority of those accidents involve alcohol.[16]

Suicide. Suicide is the second major cause of death among teenagers. In 1983, the suicide rate for 15 to 24 year olds was 11.9 per 100,000.b[17] Suicides among young people in the United States have increased by about 300% in the last 20 years.

Homicide. In 1980, the homicide rate for teens aged 15-19 was 10.6 deaths per 100,000.[18] In some communities it is many times higher and is the leading cause of death among young adult males.

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5. *Ibid.*
6. National Institute on Drug Abuse, commissioned study for the University of Michigan as quoted in *The Washington Post,* November 7, 1985.
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10. Alan Guttmacher Institute: *Teenage Pregnancy: The Problem That Hasn't Gone Away.* New York: AGI, 1981, p. 21.
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Appendix C:

LIST OF SERVICES

- General primary health care
- Routine physical examinations including sports physicals
- Diagnosis and treatment of acute illness
- Diagnosis and management of chronic illness
- Referrals for illnesses not suitable for diagnosis and/or treatment in the school clinic
- Treatment of minor injuries
- Referrals for injuries not suitable for management in the school clinic
- Immunizations
- EPSDT screening
- Laboratory tests
- Gynecological exams
- Prescription of medications for treatment
- Dispensing of medications for treatment
- Sexuality education and counseling
- Referrals for family planning methods
- Prescriptions for contraceptive methods
- Dispensing of contraceptive methods
- Pregnancy tests
- Pregnancy counseling
- Prenatal care
- Post-partum care
- Pediatric care for infants of adolescents
- Day care
- Dental services
- Health education
- Nutrition education
- Weight reduction programs
- Drug and alcohol abuse programs
- Parenting education
- Family counseling
- Mental health and psychosocial counseling
- Job counseling and employment training

Appendix D:

SAMPLE PARENT SURVEY

Dear Parent/Guardian:

We are examining an opportunity for opening a free medical clinic at Anytown High School for our students. This is still in the discussion and planning stage. Before we go much farther in planning this project, we need to know what you feel are the health needs of your high school student and what kinds of services you believe should be offered once the clinic has opened.

No student will be given service unless you, the student's parent, has given permission for him or her to receive care, but THIS SURVEY IS NOT A PERMISSION SLIP. This survey is a way for you to give us your ideas regarding your child's health needs and the clinic.

There is no need for you to sign your name on this survey, but it should be returned to your student's homeroom class.

1. What grade is your teenager in this year? ______

2. Are you: (Circle one.)

☐ Black
☐ White
☐ Hispanic, Mexican American,
☐ Puerto Rican, or Spanish
☐ Asian or Oriental
☐ Native American or American Indian
☐ Other ______

3. Where does your teenager get his/her medical care?

☐ private doctor
☐ medical clinic
☐ emergency room at hospital
☐ other
☐ doesn't get care

4. How many times in the last year has your teenager received medical care?

______ times

5. How do you usually pay for medical care for your teenager?

☐ private insurance
☐ Medicaid
☐ pre-paid health plan
☐ pay lower fee
☐ pay myself

6. How many times has your teenager been seen in an emergency room in the last year?

______ times

7. Where does your teenager get dental care?

☐ private dentist
☐ dental clinic
☐ doesn't get dental care

8. How does your teenager get to medical appointments?

☐ drives own car
☐ rides with parent
☐ rides with friend/relative
☐ takes a bus
☐ walks or rides bike
☐ other ______

9. Were there any times when you felt that your teenager should have gone to see a doctor when he/she did *not* go? (Check one)

☐ yes ☐ no

9a. IF YES, why didn't he/she go? (Check ALL that apply.)
☐ didn't want to miss school
☐ didn't know where to go
☐ didn't have money to pay
☐ child refused to go
☐ there was no transportation available
☐ clinic hours were not convenient

10. Do you think there should be a free medical clinic for students at Anytown High School? ☐ yes ☐ no

10a. Why? ______________________________

____

____

11. Please check ALL of the services that you feel should be offered at the Anytown High School clinic.

Medical Services
☐ treatment of minor illnesses
☐ treatment of minor injuries
☐ referrals for more serious illnesses or injuries
☐ routine physical examinations including sports physicals
☐ other physicals
☐ immunizations
☐ laboratory tests and health screenings
☐ screening and treatment for STDs
☐ treatment for skin problems
☐ tests for high blood pressure, diabetes, and other chronic problems
☐ prescribed medications
☐ family planning methods
☐ pregnancy detection and referral for prenatal care
☐ dental care

Health Education/Counseling
☐ nutrition education
☐ health education
☐ weight reduction programs
☐ drug and alcohol abuse programs
☐ family counseling
☐ mental health and psycho-social counseling
☐ sexuality counseling
☐ pregnancy counseling
☐ parenting education
☐ job counseling

12. Are you willing to participate in the planning for a school-based health clinic at Anytown High School? ☐ yes ☐ no

12A. IF YES, please provide the information requested below.

NAME ______________________________

ADDRESS ______________________________

____

PHONE # ______________________________

12B. IF YES, when would you be available for a meeting? (Check one)
☐ in the evening
☐ during the daytime
☐ any time

Appendix E:

SAMPLE PARENT CONSENT FORM

TEEN HEALTH CENTER
ANYTOWN HIGH SCHOOL

INFORMED CONSENT FOR TREATMENT AND OTHER PREVENTIVE HEALTH CARE

The Teen Health Center is concerned with the health of teenagers in Anytown High School. We are aware of the rapid phisical and emotional changes that teenagers experience as they develop into adults. Therefore, we provide for young people the following health and social services:

First Aid
Physical exams and sports physicals
Health care for minor health care illnesses
Immunizations
Medically-prescribed laboratory tests
Preventive health education services
Detection and treatment for sexually transmitted diseases
Family planning counseling, including abstinence counseling
Contraceptive services
Health care services to pregnant teenagers
Well-child care for infants/pre-schoolers of teenage parents
Social service assistance
Counseling for teens with emotional problems

PLEASE READ CAREFULLY AND FILL OUT THE CONSENT FORM BELOW IN ORDER FOR YOUR CHILD TO BE SEEN AT THE CLINIC.

I give my consent for ____________________ to receive medical care at the Teen Health Center. I authorize a physician or a designated health professional to provide necessary and/or advisable treatment for my child. I give my permission for necessary medical tests, procedures, and treatments in the medical evaluation and management of my child's medical care.

I have completely disclosed below all known allergies, chronic illnesses, prior medications or drugs which have resulted in adverse reactions, and current medications with respect to my child.

ALLERGIES (IF ANY): ____________________

CHRONIC MEDICAL ILLNESSES (PAST/PRESENT): ____________________

CURRENT MEDICATION (IF ANY): ____________________

PREVIOUS REACTIONS TO MEDICATIONS/DRUGS: ____________________

All services are provided at no cost to the patient. If the patient has the following sources of payment, PLEASE CHECK:

☐ Private medical/health insurance. If so, with whom?

____

☐ Medicaid/AFDC. Family Case Number: ____________________

☐ None

I have read and completed this consent for my child. I understand that any questions I may have concerning the clinic can be answered by calling, 555-5555.

____________________ ____________________
(signature of parent) (date) (signature of patient)

____________________ ____________________
(phone number or means of contacting parent during the day for consultation) (witness)

Appendix F:

SAMPLE JOB DESCRIPTIONS

TEEN HEALTH CENTER
ANYTOWN HIGH SCHOOL

Clinic Coordinator/Project Manager

Job Description

The clinic coordinator is responsible for coordinating all education, counseling and medical services of the Teen Health Center.

A. Performance Requirements

1. Ability to implement philosophy and objectives of program.
2. Ability to work cooperatively with sponsoring agency, school district and school administration, the staff and students.
3. Ability to function independently and recognize when consultation is appropriate.
4. Skill in working with other professionals and a diverse clientele.
5. Ability to assess and evaluate staff.
6. Ability to manage clinic administrative issues.
7. Ability, if necessary, to seek funding and write grant proposals.

B. Examples of Job Duties and Responsibilities

1. Administrative
   - a. Attend staff, in-service and planning meetings.
   - b. Allocate time regularly to update professional practice.
   - c. Seek funding contacts and funds.
2. Clinic
   - a. Supervise other Teen Health Center staff, delegating tasks and responsibilities, taking charge of performance evaluations and problem solving.
   - b. Coordinate the activities of the Community Advisory Committee (scheduling, communicating with members, developing the agenda, making sure minutes are taken and typed).
   - c. Collect periodic statistics on clinic activities and other relevant data and submit them to appropriate people.
   - d. Serve as liaison to Anytown High School.
   - e. Schedule physician, nurse practitioner and other contract staff as needed.
   - f. Plan and implement public relations activities of the program in consultation with sponsoring agency, including contact with community agencies, organizations and political figures.
   - g. Develop budgets in consultation with funding agency.

C. Supervision

1. Supervise the nurse practitioner, medical assistant, and other staff members assigned to clinic.
2. Report to executive director or program director at sponsoring agency.

TEEN HEALTH CENTER
ANYTOWN HIGH SCHOOL

Nurse Practitioner—Ob/Gyn or Pediatric

Job Summary

The nurse practitioner functions under the supervision of the physician and delivers primary health care to patients, as well as fulfilling such duties as assessment, planning, teaching and counseling. The practitioner functions as a health team member in meeting the objectives of the program in the school.

A. Performance Requirements

1. Ability to implement philosophy and objectives of project.

2. Ability to work cooperatively with sponsoring agency, school district and Anytown High School administration.
3. Ability to collect adequate patient data base information, including conducting specific physical exams.
4. Ability to interpret physical findings and refer or treat the patient as the condition dictates.
5. Ability to work effectively with individuals and groups in a teaching situation.
6. Ability to make comprehensive assessments, make decisions, and plan care.
7. Ability to function independently and recognize when consultation is appropriate.
8. Knowledge in providing health education on an individual or group basis.
9. Skill in working with other professionals and a diverse group of clientele.

B. Example of Job Duties and Responsibilities

1. Establish a data base of information on the pediatric patient by
    a. obtaining a health and developmental history;
    b. conducting a basic periodic physical assessment using appropriate tools;
    c. ordering appropriate screening and/or routine diagnostic tests;
    d. conducting a developmental assessment of the client with appropriate techniques;
    e. recording findings in a systematic and accurate form.
2. Assess the status of the client by
    a. discriminating between normal and abnormal physical findings.
    b. recognizing deviations from normal growth and development.
3. Manage client care by
    a. Lproviding routine immunizations according to AAP standards;
    b. providing treatment for minor illnesses and accidents, either in consultation with the physician or according to established protocol;
    c. assisting other members of the health team, including physician, social worker, nutritionist, dentist, psychologist and other health professionals, with management of students referred for physical and developmental problems;
    d. participating in and, when appropriate, continuing health care plans involving the child, family, school or other community agencies and resources.
4. Manage Family Planning clients by
    a. obtaining history—menstrual, obstetrical, family planning, personal and general health;
    b. conducting a breast and pelvic exam;
    c. Lcounseling regarding family planning options as well as instructing in the use of the chosen method;
    d. making pregnancy determination.
5. Maintain care for pregnant adolescents by
    a. conducting a prenatal interview and exams;
    b. providing care during the neonatal period.
6. Provide outpatient follow-up treatment by
    a. encouraging families to call with concerns and providing appropriate phone management of these concerns.
    b. following up on emergency, clinic and hospital visits as appropriate;
    c. following up on missed appointments, as appropriate;
    d. participating in educational classes.
7. Maintain professional responsibility in the community by
    a. contributing to the health education of individuals and groups when needed;
    b. identifying community resources available to help clients and their families and guiding them in their use;
    c. contributing to the development of new and/or improved community resources and patterns of health care delivery;
    d. continuing to update personal knowledge, both formally and informally, in order to provide up-to-date information and improved care to clients.

8. Participate in the Community Advisory Committee.
9. Assist in the school clinic team management; assume responsibility for daily clinic management; act as resource person to other staff members involved in the care of students.
10. Contribute to project program planning, evaluation, report preparation, and development of articles.

C. Supervision

1. Receive supervision and/or consultation from the Project Director.
2. Receive medical supervision from physicians and, if applicable, sponsoring agency.
3. Assume direct supervision of medical assistant assigned to school clinic.

D. Employment Standards

1. Graduation from an accredited school of nursing.
2. Current license to practice nursing in the state.
3. Bachelor's degree in nursing required; master's degree in nursing preferred.

TEEN HEALTH CENTER
ANYTOWN HIGH SCHOOL

Social Worker

Job Summary

The social worker is responsible for providing social services to patients, using various social work methods. These functions are performed under general supervision, necessitating the ability to exercise independent and sound judgement.

A. Performance Requirements

1. Ability to implement philosophy and objectives of program.
2. Ability to work cooperatively with sponsoring agency, school staff and students.
3. Ability to function effectively with other staff members in a team setting.
4. Ability to teach classes and lead groups within the school setting.
5. Ability to initiate relationships within the community and maintain liaisons with the lay and professional community.
6. Ability to do public speaking relating to clinic services and adolescent health.
7. Ability to write narrative sections for reports and grants.

B. Examples of Job Duties and Responsibilities

1. Participate with interdisciplinary team members in developing and implementing program policies and procedures.
2. Assess the social and emotional needs of patients.
3. Assist, upon request, in classes and groups.
4. Coordinate social work services and patient referrals between the program and other agencies providing social and educational services.
5. Serve as an advocate for patients' rights within the clinic and community.
6. Be available for crisis intervention social work as the need arises or arrange for such coverage by emergency social services.

C. Supervision

1. Primarily responsible to the clinic director and nurse practitioner.

D. Employment Standards

1. Bachelor's Degree in Social Work and two years experience in a social service agency.

TEEN HEALTH CENTER
ANYTOWN HIGH SCHOOL
Medical Assistant

Job Description

The Medical Assistant is responsible for organizing and maintaining records, collecting data, and responding to communications concerning patients at the Teen Health Center. The Medical Assistant is responsible for carrying out a variety of direct and indirect patient care activities under the supervision of professional nursing personnel. He/she works cooperatively with the staff in providing comprehensive patient care and meeting the objectives of the program.

A. Performance Requirements

1. Ability to answer phone and relay communications in the clinic settings.
2. Ability to prepare charts prior to the scheduled clinics; prepare laboratory and charge slips; make chart entries.
3. Ability to greet and register patients arriving for clinic appointments at the Primary Care Satellite Clinic.
4. Ability to arrange referral appointments in other clinics.
5. Ability to perform in-house lab procedures.
6. Ability to perform simple medical care activities.

B. Examples of Job Duties and Responsibilities

1. Organize and maintain record keeping and data collection systems, including patient registration cards for office files, clinic data and encounter forms; transfer address changes; handle medical referrals and referral communications; identify and code financial status on patient's records.
2. Work cooperatively with sponsoring agency regarding the financial identification and follow-up of the patients in the Teen Health Center.
3. Review patient registration cards and charts regularly.
4. Assist with ordering and restocking clinic supplies.
5. Request and return charts to medical records.
6. Assist in clean-up activities in clinic—return supplies, wash equipment, transport laboratory specimens and supplies.
7. Assist in patient care activities during each appointment, including weighing and measuring patients; assist in exam room; prepare charge and request slips; perform lab procedures; perform urinalysis.
8. Perform errands as requested by clinic personnel.
9. Report pertinent patient observations to nurse.
10. Participate in patient care conferences.
11. Assist in evaluating patient care and effectiveness of program operations.
12. Contribute to program planning and evaluation.

C. Supervision

1. Directly responsible to nurse practitioner assigned to school clinic.
2. Responsible to clinic director.

D. Employment Standards

1. Ability to communicate effectively with clinic personnel, patients and students.
2. Ability to maintain strict confidentiality regarding patient records and contacts.
3. Ability to promote positive public relations between students and personnel.

Appendix G:

SAMPLE SCHOOL DISTRICT—HEALTH CARE PROVIDER CONTRACT

OPERATING AGREEMENT
FOR ANYTOWN SCHOOL HEALTH CLINIC
BETWEEN
ANYTOWN SCHOOL DISTRICT AND ANYTOWN HEALTH CARE PROVIDER

THIS AGREEMENT is made and entered into by and between Anytown School District of Anytown, Anystate, located at ________________ and Anytown Health Care Provider, located at ________________.

The parties hereto agree as follows:

A. Responsibilities of Anytown School District

1. The School District will permit the establishment by Anytown Health Care Provider of a primary care clinic in space owned by the District at Anytown High School.

2. The School District will provide approximately ________ square feet of space for clinic use on the first floor in the space currently identified as ________________. There will be no charge to Anytown School District for this space. The School District will allow renovation of this space so that it meets state and local requirements as well as the operational needs of the clinic. Any renovation will be paid for by Anytown Health Care Provider at no cost to the School District.

3. The School District will provide, at its expense, heating, cooling, water, and custodial services for operation of the Clinic.

B. Responsibilities of Anytown Health Care Provider

1. Anytown Health Care Provider will establish and operate a primary care clinic at Anytown High School, offering the services listed in Attachment A, which is incorporated into and made a part of this agreement. Any changes in the plan as set out in Attachment A must be jointly approved by Anytown School District and Anytown Health Care Provider.

2. Anytown Health Care Provider will arrange for all personnel to operate the Clinic. These personnel will include one or more people in the following positions: secretary/receptionist, counselor, educator, nurse practitioner, and physician, whose work shall be coordinated and supervised by Anytown Health Care Provider.

3. Anytown Health Care Provider shall handle billing and payment for all services, and assure that appropriate health care liability insurance is provided. Anytown Health Care Provider acknowledges that the School District does not assume any cost or liability for operation of the clinic, except as specifically set out herein.

C. Terms of Agreement

This agreement shall be effective as of the date it has been executed on behalf of both parties, and shall continue in effect until ________, unless terminated pursuant to the provisions of Paragraph D, below; provided, however, that this agreement is contingent upon receipt by Anytown Health Care Provider of a grant award from ________________ to help fund this clinic.

D. Termination

In the event that the grant award referred to in Paragraph C is received and subsequently terminated, the agreement will terminate when notice of the grant termination has been received by both parties hereto; provided, however, that each party shall be liable for any expenses or obligations incurred by it prior to said termination.

In the event that Anytown School District decides to close Anytown High School during the term of this agreement, the agreement will terminate as of the last day classes are held in the building, provided Anytown Health Provider has been given at least two weeks notice, in writing, of the closing.

Written notice as provided for herein shall be sent by registered mail postage prepaid, to the address of the party as indicated in the signature lines below, or to such other address as the party may subsequently indicate, and shall be deemed received three days after the date of mailing.

E. Insurance

1. Anytown Health Care Provider agrees to maintain or require those performing services through the clinic to maintain professional liability insurance applicable to all health care services offered at the clinic, and to indemnify and hold harmless the School District for any loss or liability it may incur as a result of the rendering of professional services at the Clinic, including expenses incurred in defending any legal action brought against the District as a result of professional services rendered at the Clinic.

2. Anytown Health Care Provider shall provide evidence of such insurance coverage to the School District thirty days before any services are to be rendered under this Agreement. Failure of the School District to provide written notice of objection of coverage shall constitute acceptance of the insurance as meeting requirements of this paragraph.

F. Authorization

The persons executing this Agreement on behalf of Anytown Health Care Provider and the School District, by affixing their signatures hereto, warrant that they are duly authorized to execute this Agreement on behalf of the entity for which they sign.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement in quadruplicate this ____ day of ________, 198___.

For ANYTOWN Health Care Provider	For ANYTOWN SCHOOL DISTRICT
By: ____________________	By: ____________________
Title: ____________________	Title: ____________________
Address: ____________________	Address: ____________________

Attachment "A": MEDICAL SERVICES TO BE PROVIDED

General primary health care
Routine physical examinations including sports physicals
Diagnosis and treatment of acute illness
Diagnosis and management of chronic illness
Referrals for illnesses not suitable for diagnosis and/or treatment in the school clinic
Treatment of minor injuries
Referrals for injuries not suitable for management in the school clinic
Immunizations
EPSDT screening
Laboratory tests
Gynecological exams
Prescription of medications for treatment
Dispensing of medications for treatment
Sexuality education and counseling
Referrals for family planning methods
Prescriptions for contraceptive methods
Dispensing of contraceptive methods
Pregnancy tests
Pregnancy counseling
Prenatal care
Post-partum care
Pediatric care for infants of adolescents
Day care
Dental services
Health education
Nutrition education
Weight reduction programs
Drug and alcohol abuse programs
Parenting education
Family counseling
Mental health and psychosocial counseling
Job counseling and employment training